			L. 41,21-
	ATION FOR UTILITY (ATTORNEY'S DOCKET PG3612USW
APPLICATION WITH	I POWER OF ATTORNE	CY	First Names Inventor: Duncan Robert ARMOUR
			Complete if known:
() Declaration submitted with initial f	iling or		App No.:
(V)Declaration submitted after initial	filing (surcharge required 37CFR1.16(e))		
(A)Deciaration submitted after finitial	ining (surcharge required 37CF K1.10(c))		Filing Date
			Group Art Unit:
As below named	l inventor. I hereby declare that:		
My residence, post office	address and citizenship are as stated b	pelow next to my name.	
	l, first and sole inventor (if only one na below) of the subject matter which is		
СОМРО	UNDS USEFUL IN THE TREATM	ENT OF INFLAMMATORY D	ISEASES
the specification of which	n (check only one item below):		
[]is attached hereto. OR			
[x] was filed on 16 DEC	CEMBER 1999 as United States appli	ication Serial No.	or PCT International
Application Number PC applicable)	T/EP99/10000 filed and was amended	l on (MM/DD/YYYY)	(if
	reviewed and understand the contents dment specifically referred to above.	of the above-identified specificati	ion, including the claims,
I acknowledge the duty to	o disclose information which is materia	al to patentability as defined in 37	CFR §1.56.
or inventor's certificate of United States of America	iority benefits under 35, U.S.C. §119 (r 365(a) of any PCT international apple , listed below and have also identified icate or of any PCT international appli	ication which designated at least of below, by checking the box, any	one country other than the foreign application for
PRIOR FOREIGN AND ANY P	RIORITY CLAIMS UNDER 35 U.S	S.C. 119:	
Prior Foreign Application Number (s)	Country	Foreign Filing Date (MM/DD/YYYY))	CLAIMED
1. 9828074.6	GB	12/18/1998	X
2. 3.		+	
4.			
5.			
I hereby claim the benefit under T	itle 35, United States Code §119(e) of	any United States provisional app	plication(s) listed below:
Application No.		ato (MM/DD/VVVV)	

1. 2. 3. 4. 5.

COM	DINIED DI			
COMI PATE	NT APPL	ECLARATION FOR U' ICATION WITH POW	FILITY or DESIGN ER OF ATTORNEY	ATTORNEY'S DOCKET NUMBER PG3612USW Continued
2	FULL NAME	FAMILY NAME GORE	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
' ⊢	OF INVENTOR'S	Signature	Paul	Martin
	SIGNATURE	X		Date
0 F	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
L	CITIZENSHIP	Stevenage	GB	GB
, I	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
4	ADDRESS	GlaxoSmithKline Five Moore Drive, PO Box 13398	Research Triangle Park	NC 27709, US
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	
2	OF INVENTOR	GREEN	Darren	SECOND GIVEN NAME/INITIAL Victor, Steven
	INVENTOR'S	Signature		Date
. L	SIGNATURE	x		x
0	RESIDENCE & CITIZENSHIP	Stevenage	STATE OR FOREIGN COUNTRY GB	COUNTRY OF CITIZENSHIP
-	POST OFFICE	POST OFFICE ADDRESS	CITY	GB
5	ADDRESS	GlaxoSmithKline	Research Triangle Park	NC 27709, US
		Five Moore Drive, PO Box 13398		1100,05
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	OF INVENTOR	HOLMAN	Stuart	
	INVENTOR'S SIGNATURE	Signature X		Date X
。H	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	
Ĭ	CITIZENSHIP	Stevenage	GB	COUNTRY OF CITIZENSHIP GB
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
6	ADDRESS	GlaxoSmithKline	Research Triangle Park	NC 27709, US
		Five Moore Drive, PO Box 13398		
2 6	FULL NAME OF INVENTOR	FAMILY NAME JACK	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S	Signature	Torquil	Iain, Maclean
	SIGNATURE	x		X
	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Stevenage POST OFFICE ADDRESS	GB	GB
7	POST OFFICE ADDRESS	GlaxoSmithKline	Research Triangle Park	STATE & ZIP CODE/COUNTRY
	11221433	Five Moore Drive, PO Box 13398	Research Triangle Park	NC 27709, US
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	OF INVENTOR	KEELING	Steven	Philip
	INVENTOR'S	Signature X		Date
	SIGNATURE RESIDENCE &	CITY	STATE OR CORPLEN GOLDS	x
1	CITIZENSHIP	Stevenage	STATE OR FOREIGN COUNTRY GB	COUNTRY OF CITIZENSHIP GB
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
3	ADDRESS	GlaxoSmithKline	Research Triangle Park	NC 27709, US
		Five Moore Drive, PO Box 13398		
	FULL NAME OF INVENTOR	FAMILY NAME MASON	FIRST GIVEN NAME Andrew	SECOND GIVEN NAME/INITIAL
	INVENTOR'S	Signature	Andrew	McMurtrie
	SIGNATURE	x		x x
	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP POST OFFICE	Stevenage POST OFFICE ADDRESS	GB	GB
, '	ADDRESS	GlaxoSmithKline	Research Triangle Park	STATE & ZIP CODE/COUNTRY
		Five Moore Drive, PO Box 13398	Illumgie I alk	NC 27709, US
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	OF INVENTOR	MORRISS	Karen	
	INVENTOR'S	Signature X		Date
	SIGNATURE RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	X
	CITIZENSHIP	Stevenage	GB	COUNTRY OF CITIZENSHIP GB
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
0	ADDRESS	GlaxoSmithKline	Research Triangle Park	NC 27709, US
		Five Moore Drive, PO Box 13398		
L_				

		CLARATION FOR UT WITH POWER OF AT		PG3612USW
2	FULL NAME OF INVENTOR	FAMILY NAME RAMSDEN	FIRST GIVEN NAME Nigel	SECOND GIVEN NAME/INITIAL Grahame
	INVENTOR'S SIGNATURE	Signature X		Date X
0	RESIDENCE & CITIZENSHIP	Stevenage	STATE OR FOREIGN COUNTRY GB	COUNTRY OF CITIZENSHIP GB
11	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME WARD	FIRST GIVEN NAME Peter	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature X		Date X
0	RESIDENCE & CITIZENSHIP	Stevenage	STATE OR FOREIGN COUNTRY GB	COUNTRY OF CITIZENSHIP GB
12	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709, US

COMBINED DECLARAPPLICATION WIT			OR DESIGN PATENT Y	ATTORNEY'S DOCKET PG3612USW First Names Inventor: Duncan Robert ARMOUR
() Declaration submitted with initial	filing or			Complete if known: App No.:
(X)Declaration submitted after initia	al filing (surcharge	e required 37CFR1.16(e))		Filing Date Group Art Unit:
As below name	ed inventor. I he	reby declare that:		<u> </u>
My residence, post offic	e address and cit	tizenship are as stated be	elow next to my name.	
I believe I am the origina (if plural names are listed entitled:	al, first and sole d below) of the s	inventor (if only one na subject matter which is o	me is listed below) or an original, for claimed and for which a patent is so	irst and joint inventor ought on the invention
. COMPO	OUNDS USEFU	L IN THE TREATME	NT OF INFLAMMATORY DIS	EASES
the specification of whic	h (check only or	ne item below):		
[]is attached hereto. OR				
[x] was filed on 16 DE	CEMBER 1999	as United States applie	cation Serial No o	T PCT International
Application Number PC applicable)	CT/EP99/10000	filed_and was amended	on (MM/DD/YYYY)	(if
I hereby state that I have as amended by any amen	reviewed and und und dement specifica	nderstand the contents o lly referred to above.	f the above-identified specification	, including the claims,
I acknowledge the duty t	o disclose inform	nation which is material	to patentability as defined in 37 Cl	FR §1.56.
or inventor's certificate o United States of America	r 365(a) of any l a, listed below ar Ticate or of any P	PCT international applic nd have also identified b)-(d) or §365(b) of any foreign app ation which designated at least one elow, by checking the box, any for ation having a filing date before tha	country other than the
PRIOR FOREIGN AND ANY P				
Prior Foreign Application Number (s)		Country	Foreign Filing Date (MM/DD/YYYY))	PRIORITY CLAIMED
1. 9828074.6		GB	12/18/1998	X
2. 3.	-	-		
4.				
5.				
I hereby claim the benefit under T	itle 35, United S	tates Code §119(e) of a	ny United States provisional applic	ation(s) listed below:
Application No.			e (MM/DD/YYYY)	
1. 2.				
2. 3.				
4.				
5				

		CLARATION FOR UT		ATTORNEY'S DOCKET NUMBER PG3612USW
PAT	ENT APPL	ICATION WITH POW	ER OF ATTORNEY (
2	OF INVENTOR	GORE Signature	Paul Paul	SECOND GIVEN NAME/INITIAL Martin
_	INVENTOR'S SIGNATURE	x		Date X
0	RESIDENCE & CITIZENSHIP	Stevenage	STATE OR FOREIGN COUNTRY GB	GB
4	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	Research Triangle Park	NC 27709, US
2	FULL NAME OF INVENTOR	GREEN	FIRST GIVEN NAME Darren	SECOND GIVEN NAMEZINITIAL Victor, Steven
	INVENTOR'S SIGNATURE	Signature X		Date X
0	RESIDENCE & CITIZENSHIP	Stevenage	STATE OR FOREIGN COUNTRY GB	GB
5	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	Research Triangle Park	NC 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME HOLMAN	FIRST GIVEN NAME Stuart	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature X	-	Date X
0	RESIDENCE & CITIZENSHIP	CITY Stevenage	STATE OR FOREIGN COUNTRY GB	COUNTRY OF CITIZENSHIP GB
. 6	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	Research Triangle Park	NC 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME JACK	FIRST GIVEN NAME Torquil	second given name/initial Iain, Maclean
	INVENTOR'S SIGNATURE	Signature X	•	Date X
0	RESIDENCE & CITIZENSHIP	CITY Stevenage POST OFFICE ADDRESS	STATE OR FOREIGN COUNTRY GB	GB
ל	POST OFFICE ADDRESS	GlaxoSmithKline Five Moore Drive, PO Box 13398	Research Triangle Park	NC 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME KEELING	FIRST GIVEN NAME Steven	SECOND GIVEN NAME/INITIAL Philip
	INVENTOR'S SIGNATURE	Signature X		Date X
0	RESIDENCE & CITIZENSHIP	Stevenage	STATE OR FOREIGN COUNTRY GB	COUNTRY OF CITIZENSHIP GB
8	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	Research Triangle Park	NC 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME MASON	FIRST GIVEN NAME Andrew	SECOND GIVEN NAME/INITIAL McMurtrie
	INVENTOR'S SIGNATURE	Signature X		Date X
0	RESIDENCE & CITIZENSHIP	CITY Stevenage	STATE OR FOREIGN COUNTRY GB	COUNTRY OF CITIZENSHIP GB
9	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	спу Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME MORRISS	FIRST GIVEN NAME Karen	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature X		Date X
0	RESIDENCE & CITIZENSHIP	CITY Stevenage	STATE OR FOREIGN COUNTRY GB	COUNTRY OF CITIZENSHIP GB
10	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709, US

DECLARATION FOR "371" APPLICATION

		CLARATION FOR UT WITH POWER OF AT		ATENT	PG3612USW
2	FULL NAME OF INVENTOR	FAMILY NAME RAMSDEN	FIRST GIVEN NAME Nigel	SECOND GIV	EN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature X		Date X	
0	RESIDENCE & CITIZENSHIP	CITY Stevenage	STATE OR FOREIGN COUNTRY GB	COUNTRY OF	FCITIZENSHIP
11	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	Research Triangle Park	NC 2770	CODE/COUNTRY 9, US
2	FULL NAME OF INVENTOR	FAMILY NAME WARD	FIRST GIVEN NAME Peter	SECOND GIVE	EN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature X		Date X	
0	RESIDENCE & CITIZENSHIP	Stevenage	STATE OR FOREIGN COUNTRY GB	COUNTRY OF GB	CITIZENSHIP
12	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	NC 2770	CODE/COUNTRY 9, US

CON	MBINED DE	ECLARATION FOR UT	FILITY or DESIGN	ATTORNEY'S DOCKET NUMBER
	ENT APPL	ICATION WITH POW	ER OF ATTORNEY	· · · · · · · · · · · · · · · · · · ·
2	FULL NAME OF INVENTOR	FAMILY NAME GORE	FIRST GIVEN NAME Paul	SECOND GIVEN NAME/INITIAL Martin
	INVENTOR'S	Signature X		Date
0	SIGNATURE RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	X
	CITIZENSHIP	Stevenage	GB	COUNTRY OF CITIZENSHIP GB
4	POST OFFICE	POST OFFICE ADDRESS GlaxoSmithKline	СПУ	STATE & ZIP CODE/COUNTRY
4	ADDRESS	Five Moore Drive, PO Box 13398	Research Triangle Park	NC 27709, US
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR INVENTOR'S	GREEN Signature	Darren	Victor, Steven
	SIGNATURE] ×		X
0	RESIDENCE & CITIZENSHIP	Stevenage	STATE OR FOREIGN COUNTRY GB	COUNTRY OF CITIZENSHIP
	POST OFFICE	POST OFFICE ADDRESS	CITY	GB STATE & ZIP CODE/COUNTRY
5	ADDRESS	GlaxoSmithKline	Research Triangle Park	NC 27709, US
	FULL NAME	Five Moore Drive, PO Box 13398 FAMILY NAME	FIRST GIVEN NAME	CDGOVD CHURNY
2	OF INVENTOR	HOLMAN	Stuart	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature X		Date X
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Stevenage POST OFFICE ADDRESS	GB	GB
6	POST OFFICE ADDRESS	GlaxoSmithKline	Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709, US
		Five Moore Drive, PO Box 13398		110, 27703, 03
2	FULL NAME OF INVENTOR	FAMILY NAME JACK	FIRST GIVEN NAME Torquil	SECOND GIVEN NAME/INITIAL
-	INVENTOR'S	Signature	Torqui	Iain, Maclean
	SIGNATURE	CITY		x
U	RESIDENCE & CITIZENSHIP	Stevenage	STATE OR FOREIGN COUNTRY GB	COUNTRY OF CITIZENSHIP GB
7	POST OFFICE	POST OFFICE ADDRESS GlaxoSmithKline	CITY	STATE & ZIP CODE/COUNTRY
,	ADDRESS	Five Moore Drive, PO Box 13398	Research Triangle Park	NC 27709, US
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR INVENTOR'S	KEELING Signature	Steven	Philip Date
	SIGNATURE	X		X
0	RESIDENCE & CITIZENSHIP	Stevenage	STATE OR FOREIGN COUNTRY GB	COUNTRY OF CITIZENSHIP
	POST OFFICE	POST OFFICE ADDRESS	CITY	GB STATE & ZIP CODE/COUNTRY
8	ADDRESS	GlaxoSmithKline	Research Triangle Park	NC 27709, US
	FULL NAME	Five Moore Drive, PO Box 13398 FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	MASON	Andrew	McMurtrie
	INVENTOR'S SIGNATURE	Signature X		Date X
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP POST OFFICE	Stevenage POST OFFICE ADDRESS	CITY	GB
9	ADDRESS	GlaxoSmithKline	Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709, US
	FULL MARKET	Five Moore Drive, PO Box 13398		
2	FULL NAME OF INVENTOR	FAMILY NAME MORRISS	FIRST GIVEN NAME Karen	SECOND GIVEN NAME/INITIAL
	INVENTOR'S	Signature X		Date
0	SIGNATURE RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	X COUNTRY OF CITY OF COUNTRY
	CITIZENSHIP	Stevenage	GB	COUNTRY OF CITIZENSHIP GB
10	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY
• •		Five Moore Drive, PO Box 13398	Mesearch Triangle Park	NC 27709, US
				1

DECLARATION FOR "371" APPLICATION

CON	ABINED DE	CLARATION FOR UT	TILITY or DESIGN P	ATENT	ATTORNEY'S DOCKET NUMBER PG3612USW
APP	LICATION	1 G3012USW			
2	FULL NAME OF INVENTOR	FAMILY NAME RAMSDEN	FIRST GIVEN NAME Nigel	SECOND GIVI Grahame	EN NAME/INITIAL
0	INVENTOR'S SIGNATURE RESIDENCE &	Signature X	L STATE OF FOREIGN GOVERNMENT	Date X	
	CITIZENSHIP	Stevenage	STATE OR FOREIGN COUNTRY GB	GB COUNTRY OF	CITIZENSHIP
11	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	Research Triangle Park	NC 2770	9, US
2	FULL NAME OF INVENTOR	FAMILY NAME WARD	FIRST GIVEN NAME Peter	SECOND GIVE	EN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature X		Date X	
0	RESIDENCE & CITIZENSHIP	Stevenage	STATE OR FOREIGN COUNTRY GB	COUNTRY OF GB	CITIZENSHIP
12	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Figure No. 100 Pt.	Research Triangle Park	NC 2770	eode/country 9, US
		Five Moore Drive, PO Box 13398			

•				
COMBINED DECLARANCE APPLICATION WITH				ATTORNEY'S DOCKET PG3612USW
		O1 /11 1 O10 (2)	•	First Names Inventor: Duncan Robert ARMOUR
() Declaration submitted with initial	filing or			Complete if known: App No.:
(X)Declaration submitted after initia	l filing (curcharge	required 27CED1 16(a))		
(N)Deciminon submitted arter minu	ii iiiiig (sureilaige	required 57Cr K1.10(e))		Filing Date
		·		Group Art Unit:
As below name	d inventor. I her	eby declare that:		
My residence, post office	e address and citi	zenship are as stated belo	ow next to my name.	
I believe I am the origina (if plural names are listed entitled:	al, first and sole in the second	nventor (if only one nam ubject matter which is cla	e is listed below) or an original, fi nimed and for which a patent is so	irst and joint inventor ought on the invention
СОМРО	OUNDS USEFU	L IN THE TREATMEN	NT OF INFLAMMATORY DIS	SEASES
the specification of which	h (check only on	e item below):		
[]is attached hereto. OR				
[x] was filed on 16 DE	<u>CEMBER 1999</u>	as United States applica	tion Serial No o	or PCT International
Application Number PC	T/EP99/10000 f	iled_and was amended or	ı (MM/DD/YYYY)	(if applicable)
I hereby state that I have as amended by any amen	reviewed and un dment specifical	derstand the contents of the value of the va	the above-identified specification	, including the claims,
I acknowledge the duty to	o disclose inform	ation which is material to	patentability as defined in 37 CF	FR §1.56.
I hereby claim foreign priority benefits under 35, U.S.C. §119 (a)-(d) or §365(b) of any foreign applications(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or of any PCT international application having a filing date before that of the application on which priority is claimed:				e country other than the eign application for
PRIOR FOREIGN AND ANY P	PRIORITY CLA	IMS UNDER 35 U.S.C	. 119:	
Prior Foreign Application Number (s)		Country	Foreign Filing Date (MM/DD/YYYY))	PRIORITY CLAIMED
1. 9828074.6		GB	12/18/1998	X
2. 3. 4.				
<u>3.</u> <u>4</u>	-			
5.				
I hereby claim the benefit under T	itle 35, United St	ates Code §119(e) of any	United States provisional applic	ation(s) listed below:
Application No.			(MM/DD/YYYY)	
1. 2.				
3.				
4.				

ATTORNEY'S DOCKET NUMBER PG3612USW

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

PRIOR U.S. PARENT APPLICATION	or PCT PARENT APPLICAT	TION		
			STATUS (Check	one)
U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	PATENTED	PENDING	ABANDONED

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the U.S. Patent and Trademark Office connected therewith. (List name and registration number)

David J. Levy Charles E. Dadswell Karen L. Prus Robert H. Brink Elizabeth Selby

Reg. No. 27,655 Reg. No. 35,851 Reg. No. 39,337 Reg. No. 36,094

Reg. No. 38,298

James P. Riek Virginia C. Bennett Frank P.Grassler Christopher P. Rogers

Lorie Ann Morgan

Reg. No. 39,009 Reg. No. 37,092 Reg. No. 31,164 Reg. No. 36,334 Reg. No. 38,181

Bonnie L. Deppenbrock Reg. No. 28,209 John L. Lemanowicz Reg. No. 37,380

Amy H. Fix Reg. No. 42,616

Send Correspondence to:

David J. Levy, Patent Counsel Corporate Intellectual Property Department GlaxoSmithKline Five Moore Drive, PO Box 13398 Research Triangle Park, NC 27709

23347

PATENT TRADEMARK OFFICE

Direct Telephone Calls to:

Charles E. Dadswell 919-483-6983

	FULL NAME	FAMILY NAME		
2		ARMOUR	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR		Duncan	Robert
	INVENTOR'S	Signature		Date
	SIGNATURE			X
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Sandwich	GB	GB
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
1	ADDRESS	Discovery Chemistry	Sandwich	Kent CT13 9NJ GB
		IPC 924, Pfizer Limited		
		Ramsgate Road		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	BROWN	David	SSONE GIVEN NAME INTEREST
	INVENTOR'S	Signature		Date
	SIGNATURE	X		X
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Welwyn Garden City	GB	GB
i	POST OFFICE	POST OFFICE ADDRESS	СІТУ	STATE & ZIP CODE/COUNTRY
2	ADDRESS	Roche Products Limited	Welwyn Garden City	Hertfordshire AL7 3AY, GB
		Broadwater Road	J = 112 = 123	January Sail, GB
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	CONGREAVE	Miles	Stuart
	INVENTOR'S	Signature		Date
	SIGNATURE	×		×
0	RESIDENCE &	СІТҮ	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Cambridge	GB	GB
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
3	ADDRESS	GlaxoSmithKline	Research Triangle Park	NC 27709, US
		Five Moore Drive, PO Box 13398	8	

COMBINED DECLARATION FOR UTILITY or DESIGN ATTORNEY'S DOCKET NUMBER PG3612USW				
PAT		ICATION WITH POW		Continued
2	FULL NAME OF INVENTOR	FAMILY NAME GORE	FIRST GIVEN NAME Paul	SECOND GIVEN NAME/INITIAL Martin
	INVENTOR'S SIGNATURE	Signature X		Date X
0	RESIDENCE & CITIZENSHIP	CITY Stevenage	STATE OR FOREIGN COUNTRY GB	COUNTRY OF CITIZENSHIP GB
4	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709, US
		Five Moore Drive, PO Box 13398		
2	FULL NAME OF INVENTOR	GREEN	FIRST GIVEN NAME Darren	SECOND GIVEN NAME/INITIAL Victor, Steven
	INVENTOR'S SIGNATURE	Signature X		Date X
0	RESIDENCE & CITIZENSHIP	CITY Stevenage	STATE OR FOREIGN COUNTRY GB	COUNTRY OF CITIZENSHIP GB
5	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline	CITY	STATE & ZIP CODE/COUNTRY
,		Five Moore Drive, PO Box 13398	Research Triangle Park	NC 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME HOLMAN	FIRST GIVEN NAME Stuart	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature		Date X
0	RESIDENCE & CITIZENSHIP	CITY Stevenage	STATE OR FOREIGN COUNTRY GB	COUNTRY OF CITIZENSHIP GB
	POST OFFICE	POST OFFICE ADDRESS GlaxoSmithKline	CITY	STATE & ZIP CODE/COUNTRY
6	ADDRESS	Five Moore Drive, PO Box 13398	Research Triangle Park	NC 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME JACK	FIRST GIVEN NAME Torquil	SECOND GIVEN NAME/INITIAL Iain, Maclean
	INVENTOR'S SIGNATURE	Signature X	Mills	Date X
0	RESIDENCE & CITIZENSHIP	CITY Stevenage	STATE OR FOREIGN COUNTRY GB	COUNTRY OF CITIZENSHIP
_	POST OFFICE	POST OFFICE ADDRESS	CITY	GB STATE & ZIP CODE/COUNTRY
7	ADDRESS	GlaxoSmithKline Five Moore Drive, PO Box 13398	Research Triangle Park	NC 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME KEELING	FIRST GIVEN NAME Steven	SECOND GIVEN NAME/INITIAL Philip
	INVENTOR'S SIGNATURE	Signature X		Date X
0	RESIDENCE & CITIZENSHIP	CITY Stevenage	STATE OR FOREIGN COUNTRY GB	COUNTRY OF CITIZENSHIP GB
	POST OFFICE	POST OFFICE ADDRESS GlaxoSmithKline	CITY	STATE & ZIP CODE/COUNTRY
8	ADDRESS	Five Moore Drive, PO Box 13398	Research Triangle Park	NC 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME MASON	FIRST GIVEN NAME Andrew	SECOND GIVEN NAME/INITIAL McMurtrie
	INVENTOR'S SIGNATURE	Signature X		Date X
0	RESIDENCE & CITIZENSHIP	CITY Stevenage	STATE OR FOREIGN COUNTRY GB	COUNTRY OF CITIZENSHIP
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
9	ADDRESS	GlaxoSmithKline Five Moore Drive, PO Box 13398	Research Triangle Park	NC 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME MORRISS	FIRST GIVEN NAME Karen	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature X		Date
0	RESIDENCE & CITIZENSHIP	CITY Stevenage	STATE OR FOREIGN COUNTRY GB	COUNTRY OF CITIZENSHIP GB
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
10	ADDRESS	GlaxoSmithKline Five Moore Drive, PO Box 13398	Research Triangle Park	NC 27709, US

COMBINED DECLAR	RATION FO	OR UTILITY OI	R DESIGN PATENT	ATTORNEY'S	
APPLICATION WITH	I POWER	OF ATTORNEY	•	PG3612US First Names In	
				Duncan Rober	
				Complete i	fknown
() Declaration submitted with initial for	iling or			App No.:	Known:
	_			''	
(X)Declaration submitted after initial	filing (surcharge re	equired 37CFR1.16(e))		Filing Date	
				Filling Date	
				Group Art I	Jnit:
As below named	inventor. I here	by declare that:		I	
My residence, post office	address and citiz	enship are as stated belo	ow next to my name.		
			e is listed below) or an original, fi imed and for which a patent is so		
СОМРО	UNDS USEFUL	IN THE TREATMEN	T OF INFLAMMATORY DIS	EASES	
the specification of which	(check only one	item below):			
[]is attached hereto. OR					
	CEMBER 1999	as United States applica	tion Serial No o	or PCT Intern	ational
Application Number PC	<u>T/EP99/10000</u> fi	led_and was amended on	ı (MM/DD/YYYY)	(if a	pplicable)
I hereby state that I have	reviewed and und	derstand the contents of t	the above-identified specification	, including the	e claims,
as amended by any amend	lment specificall	y referred to above.			
I acknowledge the duty to	disclose informa	ation which is material to	patentability as defined in 37 C	FR §1.56.	
I hereby claim foreign pri	ority benefits un	der 35, U.S.C. §119 (a)-	(d) or §365(b) of any foreign app	lications(s) fo	r patent
			tion which designated at least one		
			low, by checking the box, any for		
which priority is claimed:	•	1 international applicat	ion having a filing date before the	at of the appir	cation on
PRIOR FOREIGN AND ANY P	DIODITY CLA	IMC LINDED 25 II C C	. 110.		
Prior Foreign Application		Country	Foreign Filing Date	PI	RIORITY
Number (s)			(MM/DD/YYYY))	1	LAIMED
1. 9828074.6		GB	12/18/1998		X
2.					
3.					
4. 5.					
5. I hereby claim the benefit under Ti	tla 25 United St	ates Code \$110(e) of an	y United States provisional applie	ration(s) lister	l below:
Application No.	die 55, Ollited St		(MM/DD/YYYY)	ation(s) nstee	. octow.
1.	/ . · · · · · · · · · · · · · · · · · · 	1 ming Date	(
2.					
3.					

ATTORNEY'S DOCKET NUMBER
PG3612USW

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION							
	STATUS (Check one)						
U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	PATENTED	PENDING	ABANDONED			

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the U.S. Patent and Trademark Office connected therewith. (List name and registration number)

David J. Levy Charles E. Dadswell Karen L. Prus Robert H. Brink Elizabeth Selby Reg. No. 27,655 Reg. No. 35,851 Reg. No. 39,337 Reg. No. 36,094

Reg. No. 38,298

James P. Riek Virginia C. Bennett Frank P.Grassler Christopher P. Rogers Lorie Ann Morgan

Reg. No. 37,092 Reg. No. 31,164 Reg. No. 36,334 Reg. No. 38,181

Reg. No. 39,009

Bonnie L. Deppenbrock Reg. No. 28,209 John L. Lemanowicz Reg. No. 37,380

Amy H. Fix Reg. No. 42,616

Send Correspondence to:

David J. Levy, Patent Counsel Corporate Intellectual Property Department GlaxoSmithKline Five Moore Drive, PO Box 13398 Research Triangle Park, NC 27709

23347
patent trademark office

Direct Telephone Calls to:

Charles E. Dadswell 919-483-6983

	• • • • • • • • • • • • • • • • • • •	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
_	FULL NAME	ARMOUR	Duncan	Robert
2	OF INVENTOR	Signature	Duncan	Date
	INVENTOR'S SIGNATURE	X		x
	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
0	CITIZENSHIP	Sandwich	GB	GB
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
,	ADDRESS	Discovery Chemistry	Sandwich	Kent CT13 9NJ GB
	ADDICESS	IPC 924, Pfizer Limited		
		Ramsgate Road	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	FULL NAME	FAMILY NAME		SECOND GIVEN NAMEZINITIAL
2	OF INVENTOR	BROWN	David	Date
	INVENTOR'S	Signature X		X
	SIGNATURE			COUNTRY OF CITIZENSHIP
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	GB
	CITIZENSHIP	Welwyn Garden City	GB	STATE & ZIP CODE/COUNTRY
	POST OFFICE	POST OFFICE ADDRESS	CITY	
2	ADDRESS	Roche Products Limited	Welwyn Garden City	Hertfordshire AL7 3AY, GB
		Broadwater Road		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	CONGREAVE	Miles	Stuart
	INVENTOR'S	Signature		Date
	SIGNATURE	x		Х
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Cambridge	GB	GB
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
3	ADDRESS	GlaxoSmithKline	Research Triangle Park	NC 27709, US
		Five Moore Drive, PO Box 13398	<u> </u>	

COM	COMBINED DECLARATION FOR UTILITY or DESIGN PATENT PG3612USW ATTORNEY'S DOCKET NUMBER PG3612USW							
APP	APPLICATION WITH POWER OF ATTORNEY Continued							
2	FULL NAME OF INVENTOR	FAMILY NAME RAMSDEN	FIRST GIVEN NAME Nigel	SECOND GIVEN NAME/INITIAL Grahame				
	INVENTOR'S SIGNATURE	Signature X		Date X				
0	RESIDENCE & CITIZENSHIP	Stevenage	STATE OR FOREIGN COUNTRY GB	COUNTRY OF CITIZENSHIP GB				
11	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709, US				
2	FULL NAME OF INVENTOR	FAMILY NAME WARD	FIRST GIVEN NAME Peter	SECOND GIVEN NAME/INITIAL				
	INVENTOR'S SIGNATURE	Signature X		Date X				
0	RESIDENCE & CITIZENSHIP	CITY Stevenage	STATE OR FOREIGN COUNTRY GB	COUNTRY OF CITIZENSHIP GB				
12	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709, US				

COMBINED DECLAI				ATTORNEY'S DOCKE PG3612USW	π
APPLICATION WITH	H POWER	OF ATTORNEY	I	First Names Inventor:	
				Duncan Robert ARMOU	JR
				Complete if known	
O Declaration submitted with initial fi	iling or			App No.:	-
(X)Declaration submitted after initial	filing (surcharge n	equired 37CFR1.16(e))			
				Filing Date	
				Group Art Unit:	
				<u> </u>	
As below named	l inventor. I here	eby declare that:			
My residence, post office	address and citiz	zenship are as stated belo	ow next to my name.		
			e is listed below) or an original, fired and for which a patent is sough		if
COMPO	UNDS USEFUI	L IN THE TREATMEN	NT OF INFLAMMATORY DIS	EASES	
the specification of which	(check only one	item below):			
[]is attached hereto. OR					
[x] was filed on 16 DEC	CEMBER 1999	as United States applica	tion Serial No o	r PCT International	
Application Number PC	T/EP99/10000 fi	led_and was amended on	(MM/DD/YYYY)	(if applicable)	;)
I hereby state that I have amended by any amendment			the above-identified specification,	including the claims,	as
I acknowledge the duty to	o disclose inform	ation which is material to	patentability as defined in 37 CF	R §1.56.	
I hereby claim foreign priority benefits under 35, U.S.C. §119 (a)-(d) or §365(b) of any foreign applications(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or of any PCT international application having a filing date before that of the application on which priority is claimed:					
PRIOR FOREIGN AND ANY P	RIORITY CLA	IMS UNDER 35 U.S.C	C. 119:		
Prior Foreign Application Number (s)		Country	Foreign Filing Date (MM/DD/YYYY))	PRIORITY CLAIMEI	
1. 9828074.6	· · · · · · · · · · · · · · · · · · ·	GB	12/18/1998	X	_
2.					
3. 4.					
4.					
5.					
I hereby claim the benefit under Ti	tle 35, United Sta			tion(s) listed below:	
Application No.		Filing Date	(MM/DD/YYYY)		
1.			····		
3					
2. 3. 4.					
					$\overline{}$

ATTORNEY'S DOCKET NUMBER PG3612USW

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION						
		9	STATUS (Check one)			
U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	PATENTED	PENDING	ABANDONED		

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the U.S. Patent and Trademark Office connected therewith. (List name and registration number)

David J. Levy Charles E. Dadswell Karen L. Prus Robert H. Brink Elizabeth Selby

Reg. No. 27,655 Reg. No. 35,851 Reg. No. 39,337 Reg. No. 36,094

James P. Riek Virginia C. Bennett Frank P.Grassler Christopher P. Rogers Reg. No. 38,298 Lorie Ann Morgan

Reg. No. 39,009 Reg. No. 37,092 Reg. No. 31,164 Reg. No. 36,334

Reg. No. 38,181

Bonnie L. Deppenbrock Reg. No. 28,209 John L. Lemanowicz Reg. No. 37,380 Amy H. Fix Reg. No. 42,616

Send Correspondence to:

David J. Levy, Patent Counsel **Corporate Intellectual Property Department** GlaxoSmithKline Five Moore Drive, PO Box 13398

Research Triangle Park, NC 27709



PATENT TRADEMARK OFFICE

Direct Telephone Calls to:

Charles E. Dadswell 919-483-6983

	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	ARMOUR	Duncan	Robert
	INVENTOR'S	Signature		Date
	SIGNATURE	X		х
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Sandwich	GB	GB
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
1	ADDRESS	Discovery Chemistry	Sandwich	Kent CT13 9NJ GB
		IPC 924, Pfizer Limited		}
		Ramsgate Road		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	BROWN	David	
	INVENTOR'S	Signature		Date
	SIGNATURE	x		х
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Welwyn Garden City	GB	GB
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
2	ADDRESS	Roche Products Limited	Welwyn Garden City	Hertfordshire AL7 3AY, GB
		Broadwater Road		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	CONGREAVE	Miles	Stuart
	INVENTOR'S	Signature		Date
	SIGNATURE	x		х
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Cambridge	GB	GB
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
3	ADDRESS	GlaxoSmithKline	Research Triangle Park	NC 27709, US
	L	Five Moore Drive, PO Box 13398		<u>.l</u>

I		CLARATION FOR UT		ATENT	PG3612USW
APP	LICATION	WITH POWER OF AT	"TORNEY Continued		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVI	EN NAME/INITIAL
2	OF INVENTOR	RAMSDEN	Nigel	Grahame	<u>:</u>
	INVENTOR'S	Signature		Date	
	SIGNATURE	X	-	×	
0	RESIDENCE &	СПУ	STATE OR FOREIGN COUNTRY		CITIZENSHIP
	CITIZENSHIP	Stevenage	GB	GB	
l	POST OFFICE	POST OFFICE ADDRESS	CITY		CODE/COUNTRY
- 11	ADDRESS	GlaxoSmithKline	Research Triangle Park	NC 2770	9, US
		Five Moore Drive, PO Box 13398	L		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVE	EN NAME/INITIAL
2	OF INVENTOR	WARD	Peter		
	INVENTOR'S	Signature		Date	
	SIGNATURE	X		х	
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF	CITIZENSHIP
	CITIZENSHIP	Stevenage	GB	GB	
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP	CODE/COUNTRY
12	ADDRESS	GlaxoSmithKline	Research Triangle Park	NC 2770	9, US
		Five Moore Drive, PO Box 13398			

COMBINED DECLARAPPLICATION WITH	ATTORNEY'S DOCKET PG3612USW				
AFFLICATION WITH	n POWEK	OF ATTORNE	(First Names Inventor: Duncan Robert ARMOUR	
() Declaration submitted with initial	filing or			Complete if known: App No.:	
(X)Declaration submitted after initia	al filing (surcharge	required 37CFR1.16(e))		Filing Date	
As below name	d inventor. I her	reby declare that:		<u> </u>	
My residence, post office	e address and cit	izenship are as stated bel	ow next to my name.		
I believe I am the origina (if plural names are listed entitled:	al, first and sole i d below) of the s	inventor (if only one nam ubject matter which is cla	e is listed below) or an original, faimed and for which a patent is so	irst and joint inventor bught on the invention	
COMPO	OUNDS USEFU	L IN THE TREATME	NT OF INFLAMMATORY DIS	SEASES	
the specification of whic	h (check only on	e item below):			
[]is attached hereto. OR					
•-•	CEMBER 1999	as United States applica	ation Serial No	or PCT International	
Application Number PC	CT/EP99/10000 1	filed_and was amended or	ı (MM/DD/YYYY)	(if applicable)	
I hereby state that I have as amended by any amen	reviewed and und dment specifical	derstand the contents of ly referred to above.	the above-identified specification	, including the claims,	
I acknowledge the duty to	o disclose inform	nation which is material to	o patentability as defined in 37 CI	FR §1.56.	
or inventor's certificate o United States of America	r 365(a) of any F a, listed below an ficate or of any P	PCT international applicand have also identified be	(d) or §365(b) of any foreign app- tion which designated at least one low, by checking the box, any for- ion having a filing date before tha	e country other than the eign application for	
PRIOR FOREIGN AND ANY F	PRIORITY CLA	AIMS UNDER 35 U.S.C	. 119:		
Prior Foreign Application Number (s)		Country	Foreign Filing Date (MM/DD/YYYY))	PRIORITY CLAIMED	
1. 9828074.6		GB	12/18/1998	X	
2.					
2. 3. 4.		· · · · · · · · · · · · · · · · · · ·			
5.					
I hereby claim the benefit under T	itle 35, United St	tates Code §119(e) of an	United States provisional applic	ation(s) listed below:	
Application No.			(MM/DD/YYYY)		
1.					
2. 3.					
4.					

ATTORNEY'S DOCKET NUMBER PG3612USW

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

			STATUS (Check one)		
U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	PATENTED	PENDING	ABANDONED	

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the U.S. Patent and Trademark Office connected therewith. (List name and registration number)

David J. Levy Charles E. Dadswell Karen L. Prus Robert H. Brink

Reg. No. 27,655 Reg. No. 35,851 Reg. No. 39,337 Reg. No. 36,094 Reg. No. 38,298

James P. Riek Virginia C. Bennett Frank P.Grassler

Reg. No. 37,092 Reg. No. 31,164 Christopher P. Rogers Reg. No. 36,334 Lorie Ann Morgan Reg. No. 38,181

Reg. No. 39,009

Bonnie L. Deppenbrock Reg. No. 28,209 John L. Lemanowicz Reg. No. 37,380

Amy H. Fix Reg. No. 42,616

Send Correspondence to:

Elizabeth Selby

David J. Levy, Patent Counsel Corporate Intellectual Property Department GlaxoSmithKline Five Moore Drive, PO Box 13398 Research Triangle Park, NC 27709

PATENT TRADEMARK OFFICE

Direct Telephone Calls to:

Charles E. Dadswell 919-483-6983

	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	ARMOUR	Duncan	Robert
2	INVENTOR'S	Signature	Duncan	Date
	SIGNATURE	X		X
0	RESIDENCE &	СПУ	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
U	CITIZENSHIP	Sandwich	GB	GB
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
	ADDRESS	Discovery Chemistry	Sandwich	Kent CT13 9NJ GB
	ADDRESS		Sandwich	Kent C115 3115 GB
	La	IPC 924, Pfizer Limited		
		Ramsgate Road		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	BROWN	David	
	INVENTOR'S	Signature		Date
	SIGNATURE	x		Х
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Welwyn Garden City	_ GB	GB
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
2	ADDRESS	Roche Products Limited	Welwyn Garden City	Hertfordshire AL7 3AY, GB
		Broadwater Road		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	CONGREAVE	Miles	Stuart
	INVENTOR'S	Signature		Date
	SIGNATURE	X		X
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Cambridge	GB	GB
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
3	ADDRESS	GlaxoSmithKline	Research Triangle Park	NC 27709, US
	l	Five Moore Drive, PO Box 13398	<u> </u>	

COM	COMBINED DECLARATION FOR UTILITY or DESIGN PATENT ATTORNEY'S DOCKET NUMBER PG3612USW							
APP	APPLICATION WITH POWER OF ATTORNEY Continued							
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVE	N NAME/INITIAL			
2	OF INVENTOR	RAMSDEN	Nigel	Grahame				
	INVENTOR'S	Signature		Date				
1	SIGNATURE	X	x x					
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF	CITIZENSHIP			
	CITIZENSHIP	Stevenage	GB	GB				
1	POST OFFICE	POST OFFICE ADDRESS	CITY		CODE/COUNTRY			
11	ADDRESS	GlaxoSmithKline	Research Triangle Park	NC 2770	9, US			
		Five Moore Drive, PO Box 13398						
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVE	N NAME/INITIAL			
2	OF INVENTOR	WARD	Peter					
	INVENTOR'S	Signature		Date				
	SIGNATURE	X		X				
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF	CITIZENSHIP			
	CITIZENSHIP	Stevenage	GB	GB				
	POST OFFICE	POST OFFICE ADDRESS	CITY		CODE/COUNTRY			
12	ADDRESS	GlaxoSmithKline	Research Triangle Park	NC 27709	9, US			

Five Moore Drive, PO Box 13398

Draini)

COMBINED DECLA APPLICATION WIT			R DESIGN PATENT	First Na Duncan	NEY'S DOCKET 12USW umes Inventor: Robert ARMOUR
() Declaration submitted with initial	l filing or			App N	<i>lete if known:</i> lo.:
(X)Declaration submitted after initial	al filing (surcharge	required 37CFR1.16(e))		Filing	-
				Filing	
				Group	Art Unit:
As below name	ed inventor. I her	eby declare that:			
My residence, post offic	e address and citi	izenship are as stated bel	low next to my name.		
I believe I am the origin (if plural names are liste entitled:	al, first and sole in the sole	nventor (if only one nam ubject matter which is cl	ne is listed below) or an original, aimed and for which a patent is s	first and joo	oint inventor the invention
COMPO	OUNDS USEFU	L IN THE TREATME	NT OF INFLAMMATORY DI	SEASES	
the specification of whic	ch (check only one	e item below):			
[]is attached hereto. OR [x] was filed on 16 DE	PCEMRER 1999	as United States applica	ation Serial No	DOT I	·
			n (MM/DD/YYYY)		
I hereby state that I have as amended by any amer	reviewed and un ndment specifical	derstand the contents of ly referred to above.	the above-identified specification	ı, includin	g the claims,
I acknowledge the duty t	to disclose inform	nation which is material t	o patentability as defined in 37 C	FR §1.56	•
or inventor's certificate of United States of America patent or inventor's certificate which priority is claimed	or 365(a) of any P a, listed below and ficate or of any Pod:	CT international applica d have also identified be CT international applicat	e(d) or §365(b) of any foreign appution which designated at least on low, by checking the box, any for tion having a filing date before the	e country reign appl	other than the ication for
Prior Foreign Application		AIMS UNDER 35 U.S.C Country			DDIODITY
Number (s)	,	Country	Foreign Filing Date (MM/DD/YYYY))		PRIORITY CLAIMED
1. 9828074.6		GB	12/18/1998		X
2. 3.	 				
4.					
5.	 				
I hereby claim the benefit under T	itle 35, United St	ates Code §119(e) of an	y United States provisional applic	cation(s) l	isted below:
Application No.			(MM/DD/YYYY)	· · · · · · · · · · · · · · · · · · ·	
1.					
2. 3.					
4.					
5.					

ATTORNEY'S DOCKET NUMBER
PG3612USW

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

PRIOR U.S. PARENT APPLICATION or PCT PAR	RENT API	PLICATION
--	----------	-----------

	STATUS (Check one)			one)
U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	PATENTED	PENDING	ABANDONED

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the U.S. Patent and Trademark Office connected therewith. (List name and registration number)

David J. Levy Charles E. Dadswell Karen L. Prus Robert H. Brink Reg. No. 27,655 Reg. No. 35,851 Reg. No. 39,337 Reg. No. 36,094

Reg. No. 38,298

James P. Riek Virginia C. Bennett Frank P.Grassler Christopher P. Rogers Lorie Ann Morgan Reg. No. 39,009 Reg. No. 37,092 Reg. No. 31,164 Reg. No. 36,334 Reg. No. 38,181 Bonnie L. Deppenbrock Reg. No. 28,209 John L. Lemanowicz Reg. No. 37,380

Amy H. Fix Reg. No. 42,616

Send Correspondence to:

Elizabeth Selby

David J. Levy, Patent Counsel Corporate Intellectual Property Department GlaxoSmithKline Five Moore Drive, PO Box 13398 Research Triangle Park, NC 27709



PATENT TRADEMARK OFFICE

Direct Telephone Calls to:

Charles E. Dadswell 919-483-6983

	FULL NAME	FAMILY NAME	I man any man and a second	
2	OF INVENTOR	ARMOUR	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2			Duncan	Robert
	INVENTOR'S	Signature X		Date
1 2 1	SIGNATURE	4		X
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Sandwich	GB	GB
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
1	ADDRESS	Discovery Chemistry	Sandwich	Kent CT13 9NJ GB
		IPC 924, Pfizer Limited		
		Ramsgate Road		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	BROWN	David	DESCRIPTION OF THE PROPERTY OF
	INVENTOR'S	Signature		Date
	SIGNATURE	X		х
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Welwyn Garden City	GB	GB
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
2	ADDRESS	Roche Products Limited	Welwyn Garden City	Hertfordshire AL7 3AY, GB
		Broadwater Road		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	CONGREAVE	Miles	Stuart
	INVENTOR'S	Signature		Date
	SIGNATURE	X		x
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Cambridge	GB	GB
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
3	ADDRESS	GlaxoSmithKline	Research Triangle Park	NC 27709, US
		Five Moore Drive, PO Box 13398		1.02.705,05

	MBINED DE LICATION	ATENT	ATTORNEY'S DOCKET NUMBER PG3612USW		
١ .	FULL NAME	FAMILY NAME	FIRST GIVEN NAME		EN NAME/INITIAL
2	OF INVENTOR	RAMSDEN	Nigel	Grahame	
ŀ	INVENTOR'S	Signature		Date	
	SIGNATURE	_^		x	
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF	CITIZENSHIP
	CITIZENSHIP	Stevenage	GB	GB	
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP	CODE/COUNTRY
- 11	ADDRESS	GlaxoSmithKline	Research Triangle Park	NC 2770	9. US
		Five Moore Drive, PO Box 13398			,,,,
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVE	N NAME/INITIAL
2	OF INVENTOR	WARD	Peter		-
	INVENTOR'S	Signature		Date	
	SIGNATURE	x		х	
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF	CITIZENSHIP
	CITIZENSHIP	Stevenage	GB	GB	
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP (ODE/COUNTRY
12	ADDRESS	GlaxoSmithKline	Research Triangle Park	NC 2770	
		Five Moore Drive, PO Box 13398			:

COMBINED DECLARAPPLICATION WITH				ATTORNEY'S DOCKET PG3612USW
ATTLICATION WITH	HIOWEK	OF ATTORNET		First Names Inventor: Duncan Robert ARMOUR
() Declaration submitted with initial	-			Complete if known: App No.:
(X)Declaration submitted after initia	I filing (surcharge	required 37CFR1.16(e))		Filing Date
				Group Art Unit:
As below name	d inventor. I here	eby declare that:		
My residence, post office	e address and citi	zenship are as stated belo	ow next to my name.	
I believe I am the origina (if plural names are listed entitled:	al, first and sole id below) of the su	nventor (if only one name abject matter which is cla	e is listed below) or an original, find it is sout a patent is sout a pate	rst and joint inventor ught on the invention
COMPO	OUNDS USEFU	L IN THE TREATMEN	T OF INFLAMMATORY DIS	EASES
the specification of which	h (check only one	e item below):		
[]is attached hereto. OR				
[x] was filed on 16 DE	<u>CEMBER 1999</u>	as United States applica	tion Serial Noo	r PCT International
Application Number PC	T/EP99/10000 f	iled_and was amended on	ı (MM/DD/YYYY)	(if applicable)
I hereby state that I have as amended by any amen			the above-identified specification,	including the claims,
I acknowledge the duty to	o disclose inform	ation which is material to	patentability as defined in 37 CF	R §1.56.
or inventor's certificate of United States of America	r 365(a) of any P I, listed below and Icate or of any P	CT international applicated have also identified bel	(d) or §365(b) of any foreign applition which designated at least one ow, by checking the box, any foreign having a filing date before that	country other than the ign application for
PRIOR FOREIGN AND ANY P	PRIORITY CLA	IMS UNDER 35 U.S.C	. 119:	704
Prior Foreign Application Number (s)		Country	Foreign Filing Date (MM/DD/YYYY))	PRIORITY CLAIMED
1. 9828074.6		GB	12/18/1998	X
2.				
2. 3.				
4. 5.				
I hereby claim the benefit under T	itle 35, United St			ation(s) listed below:
Application No.		Filing Date	(MM/DD/YYYY)	
2.				
2. 3.				
4.				

ATTORNEY'S DOCKET NUMBER
PG3612USW

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

PRIOR U.S. P	ARENT APPLICATION or PC	T PARENT APPLICATION

		STATUS (Check one)		
U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	PATENTED	PENDING	ABANDONED

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the U.S. Patent and Trademark Office connected therewith. (List name and registration number)

David J. Levy Charles E. Dadswell Karen L. Prus Robert H. Brink Reg. No. 27,655 Reg. No. 35,851 Reg. No. 39,337 Reg. No. 36,094 Reg. No. 38,298

James P. Riek Virginia C. Bennett Frank P.Grassler Christopher P. Rogers

Lorie Ann Morgan

Reg. No. 37,092 Reg. No. 31,164 Reg. No. 36,334 Reg. No. 38,181

Reg. No. 39,009

Bonnie L. Deppenbrock Reg. No. 28,209 John L. Lemanowicz Reg. No. 37,380

Amy H. Fix Reg. No. 42,616

Send Correspondence to:

Elizabeth Selby

David J. Levy, Patent Counsel Corporate Intellectual Property Department GlaxoSmithKline Five Moore Drive, PO Box 13398 Research Triangle Park, NC 27709



PATENT TRADEMARK OFFICE

Direct Telephone Calls to:

Charles E. Dadswell 919-483-6983

	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	ARMOUR	Duncan	Robert
	INVENTOR'S	Signature		Date
	SIGNATURE	x		x
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Sandwich	GB	GB
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
1	ADDRESS	Discovery Chemistry	Sandwich	Kent CT13 9NJ GB
		IPC 924, Pfizer Limited		
		Ramsgate Road		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	BROWN	David	
	INVENTOR'S	Signature		Date
	SIGNATURE	X		x
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Welwyn Garden City	GB	GB
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
2	ADDRESS	Roche Products Limited	Welwyn Garden City	Hertfordshire AL7 3AY, GB
		Broadwater Road		·
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	CONGREAVE	Miles	Stuart
	INVENTOR'S	Signature		Date
	SIGNATURE	X		x
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Cambridge	GB	GB
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
3	ADDRESS	GlaxoSmithKline	Research Triangle Park	NC 27709, US
]	Five Moore Drive, PO Box 13398	_	•

1		CLARATION FOR UT		ATENT PG3612USW
APP	LICATION	WITH POWER OF AT	TORNEY Continued	
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	RAMSDEN	Nigel	Grahame
	INVENTOR'S	Signature		Date
	SIGNATURE	X		x
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Stevenage	GB	GB
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
- 11	ADDRESS	GlaxoSmithKline	Research Triangle Park	NC 27709, US
		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	WARD	Peter	_
ł	INVENTOR'S	Signature		Date
	SIGNATURE	X		
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Stevenage	GB	GB
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
12	ADDRESS	GlaxoSmithKline	Research Triangle Park	NC 27709, US
		Five Moore Drive, PO Box 13398		

COMBINED DECLA APPLICATION WIT () Declaration submitted with initial (X)Declaration submitted after initia	H POWER	OF ATTORNEY		ATTORNEY'S DOCKET PG3612USW First Names Inventor: Duncan Robert ARMOUR Complete if known: App No.: Filing Date Group Art Unit:
As below name	d inventor. I her	eby declare that:		
My residence, post office	e address and cit	izenship are as stated bel	ow next to my name.	
I believe I am the origina (if plural names are listed entitled:	al, first and sole in the sole	inventor (if only one nam ubject matter which is cl	ne is listed below) or an original, fairmed and for which a patent is so	first and joint inventor bught on the invention
COMPO	OUNDS USEFU	L IN THE TREATME	NT OF INFLAMMATORY DIS	SEASES
the specification of which	h (check only on	e item below):		
[]is attached hereto. OR [x] was filed on <u>16 DE</u>	CEMBER 1999	as United States applica	ation Serial No.	or PCT International
Application Number PC	CT/EP99/10000	filed_and was amended or	n (MM/DD/YYYY)	(if applicable)
I hereby state that I have as amended by any amen	reviewed and und und und und und und und und und u	nderstand the contents of ly referred to above.	the above-identified specification	ı, including the claims,
I acknowledge the duty to	o disclose inform	nation which is material t	o patentability as defined in 37 C	FR §1.56.
or inventor's certificate o United States of America patent or inventor's certif which priority is claimed	r 365(a) of any F I, listed below an licate or of any P	PCT international applicated have also identified be CT international applicated.	(d) or §365(b) of any foreign apption which designated at least one low, by checking the box, any for ion having a filing date before the	e country other than the eign application for
PRIOR FOREIGN AND ANY F Prior Foreign Application		AIMS UNDER 35 U.S.C Country	. 119: Foreign Filing Date	PRIORITY
Number (s)		<u> </u>	(MM/DD/YYYY))	CLAIMED
1. 9828074.6		GB	12/18/1998	X
2. 3.				
4.				
5.				
hereby claim the benefit under T	itle 35, United S			cation(s) listed below:
Application No.		Filing Date	(MM/DD/YYYY)	
2.				
3.				
1				

ATTORNEY'S DOCKET NUMBER
PG3612USW

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION					
			STATUS (Check	one)	
U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	PATENTED	PENDING	ABANDONED	
	· · · · · · · · · · · · · · · · · · ·		1/2		

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the U.S. Patent and Trademark Office connected therewith. (List name and registration number)

David J. Levy Charles E. Dadswell Karen L. Prus Robert H. Brink Elizabeth Selby Reg. No. 27,655 Reg. No. 35,851 Reg. No. 39,337 Reg. No. 36,094

Reg. No. 38,298

James P. Riek Virginia C. Bennett Frank P.Grassler Christopher P. Rogers Lorie Ann Morgan

Reg. No. 39,009 Reg. No. 37,092 Reg. No. 31,164 Reg. No. 36,334 Reg. No. 38,181 Bonnie L. Deppenbrock Reg. No. 28,209 John L. Lemanowicz Reg. No. 37,380

Amy H. Fix Reg. No. 42,616

Send Correspondence to:

David J. Levy, Patent Counsel Corporate Intellectual Property Department GlaxoSmithKline Five Moore Drive, PO Box 13398

Five Moore Drive, PO Box 13398 Research Triangle Park, NC 27709

23347

Direct Telephone Calls to:

Charles E. Dadswell 919-483-6983

	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	ARMOUR	Duncan	Robert
	INVENTOR'S	Signature		Date
	SIGNATURE	х		X
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Sandwich	GB	GB
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
1	ADDRESS	Discovery Chemistry	Sandwich	Kent CT13 9NJ GB
		IPC 924, Pfizer Limited		
		Ramsgate Road		1
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
١,		BROWN	David	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	L	David	
	INVENTOR'S	Signature X		Date X
_	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Welwyn Garden City	GB	GB
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
2	ADDRESS	Roche Products Limited	Welwyn Garden City	Hertfordshire AL7 3AY, GB
	I	Broadwater Road		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	CONGREAVE	Miles	Stuart
	INVENTOR'S	Signature		Date
	SIGNATURE	X		x
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Cambridge	GB	GB
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
3	ADDRESS	GlaxoSmithKline	Research Triangle Park	NC 27709, US
		Five Moore Drive, PO Box 13398		<u> </u>

1		CLARATION FOR UT WITH POWER OF AT		ATENT PG3612USW
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	RAMSDEN	Nigel	Grahame
	INVENTOR'S	Signature		Date
	SIGNATURE	X		x
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
1	CITIZENSHIP	Stevenage	GB	GB
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
11	ADDRESS	GlaxoSmithKline	Research Triangle Park	NC 27709, US
		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	WARD	Peter	
	INVENTOR'S	Signature		Date
	SIGNATURE	X		X
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
1	CITIZENSHIP	Stevenage	GB	GB
1	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
12	ADDRESS	GlaxoSmithKline	Research Triangle Park	NC 27709, US
		Five Moore Drive, PO Box 13398		

COMBINED DECLAI APPLICATION WITH	ATTORNEY'S DOCKET PG3612USW				
AFFLICATION WITH	1 FUWER	OF ATTORNET		First Names Inventor: Duncan Robert ARMO	UR
() Declaration submitted with initial	filing or			Complete if known App No.:	<u>::</u>
(X)Declaration submitted after initia	l filing (surcharge	required 37CFR1.16(e))		Filing Date	
				Filing Date	
				Group Art Unit:	
As below name	d inventor. I her	eby declare that:			
My residence, post office	address and cit	izenship are as stated belo	ow next to my name.		
			e is listed below) or an original, f imed and for which a patent is so		
СОМРО	UNDS USEFU	L IN THE TREATMEN	IT OF INFLAMMATORY DIS	SEASES	
the specification of which	h (check only on	e item below):			
[]is attached hereto. OR					
[x] was filed on 16 DE	CEMBER 1999	as United States applica	tion Serial No.	or PCT International	
Application Number PC	T/EP99/10000	filed_and was amended on	(MM/DD/YYYY)	(if applicab	le)
I hereby state that I have as amended by any amen			he above-identified specification	, including the claims	٠,
I acknowledge the duty to	o disclose inform	nation which is material to	patentability as defined in 37 C	FR §1.56.	
or inventor's certificate o United States of America	r 365(a) of any I , listed below ar icate or of any P	PCT international applicated have also identified bel	(d) or §365(b) of any foreign apption which designated at least one ow, by checking the box, any for ion having a filing date before the	e country other than the	ne
PRIOR FOREIGN AND ANY F	RIORITY CLA				
Prior Foreign Application Number (s)		Country	Foreign Filing Date (MM/DD/YYYY))	PRIORIT CLAIME	
1. 9828074.6		GB	12/18/1998	X	<u> </u>
2. 3.					
3. 4.					_
5.	<u></u>				-
I hereby claim the benefit under T	itle 35, United S	tates Code §119(e) of any	United States provisional applic	cation(s) listed below:	
Application No.			(MM/DD/YYYY)		
1. 2.				· · · · · · · · · · · · · · · · · · ·	
3.					\dashv
1	<u> </u>				\dashv

ATTORNEY'S DOCKET NUMBER
PG3612USW

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

PRIOR U.S. PARENT APPLICATION	or PCT PARENT APPLICAT	TION			
			STATUS (Check one)		
U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	PATENTED	PENDING	ABANDONED	
			· · · · · · · · · · · · · · · · · · ·		

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the U.S. Patent and Trademark Office connected therewith. (List name and registration number)

David J. Levy Charles E. Dadswell Karen L. Prus Robert H. Brink Reg. No. 27,655 Reg. No. 35,851 Reg. No. 39,337

Reg. No. 36,094 Reg. No. 38,298 James P. Riek Virginia C. Bennett

Frank P.Grassler
Christopher P. Rogers
Lorie Ann Morgan

Reg. No. 37,092 Reg. No. 31,164 Reg. No. 36,334 Reg. No. 38,181

Reg. No. 39,009

Bonnie L. Deppenbrock Reg. No. 28,209 John L. Lemanowicz Reg. No. 37,380

Amy H. Fix Reg. No. 42,616

Send Correspondence to:

Elizabeth Selby

David J. Levy, Patent Counsel Corporate Intellectual Property Department GlaxoSmithKline Five Moore Drive, PO Box 13398 Research Triangle Park, NC 27709 23347

23347
PATENT TRADEMARK OFFICE

Direct Telephone Calls to:

Charles E. Dadswell 919-483-6983

	ELILI MANG	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
,	FULL NAME	ARMOUR		
2	OF INVENTOR		Duncan	Robert
	INVENTOR'S	Signature X		Date X
	SIGNATURE	1.5		
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Sandwich	GB	GB
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
1	ADDRESS	Discovery Chemistry	Sandwich	Kent CT13 9NJ GB
		IPC 924, Pfizer Limited		
		Ramsgate Road		. The state of the
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	BROWN	David	
i	INVENTOR'S	Signature	-	Date
	SIGNATURE	х		X
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Welwyn Garden City	GB	GB
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
2	ADDRESS	Roche Products Limited	Welwyn Garden City	Hertfordshire AL7 3AY, GB
		Broadwater Road		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	CONGREAVE	Miles	Stuart
	INVENTOR'S	Signature		Date
	SIGNATURE	X		X
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Cambridge	GB	GB
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
3	ADDRESS	GlaxoSmithKline	Research Triangle Park	NC 27709, US
	<u></u>	Five Moore Drive, PO Box 13398		

OF INVENTOR Signature Si			ER OF ATTORNEY	
INVENTOR'S SIGNATURE CITY RESIDENCE & CITY CITZENSHIP POST OFFICE ADDRESS FULL NAME OF INVENTOR'S SIGNATURE ADDRESS FULL NAME OF INVENTOR'S SIGNATURE ADDRESS FOST OFFICE ADDRESS GIASOMITHKLINE FIVE MOORE DIVE, PO BOX 13398 FULL NAME OF INVENTOR'S SIGNATURE ADDRESS FIVE MOORE DIVE, PO BOX 13398 FULL NAME OF INVENTOR'S SIGNATURE ADDRESS FIVE MOORE DIVE, PO BOX 13398 FULL NAME OF INVENTOR'S SIGNATURE ADDRESS FIVE MOORE DIVE, PO BOX 13398 FULL NAME FIVE MOORE DIVE, PO BOX 13398 FULL NAME RESIDENCE & CITY CITY STATE OFFICE ADDRESS GIASOMITHKLINE FIVE MOORE DIVE, PO BOX 13398 FULL NAME FIVE MOORE DIVE, PO		I and the second		SECOND GIVEN NAME/INITIAL
RESIDENCE & CITY CITIZENSHIP POST OFFICE ADDRESS FILL NAME FIVE MOOVE Drive, PO Box 13398 FULL NAME FOR TOFFICE ADDRESS CITY SIGNATURE RESIDENCE & CITY STATE ADDRESS FOR TOPE POST OFFICE ADDRESS FIVE MOOVE DRIVE, PO Box 13398 FULL NAME FOR MOVED THE ADDRESS CITY RESIDENCE & CITY STATE ADDRESS FOR THE POST OFFICE ADDRESS FOR THE POST OFF			raul	
RESIDENCE & CITY POST OFFICE ADDRESS FULL NAME FULL NAME FULL NAME FOR INVENTOR'S SIGNATURE ADDRESS FULL NAME FOR INVENTOR'S SIGNATURE ADDRESS FOR CONTROL OFFICE ADDRESS GIASOS MITHKIINE FIVE MOORE Drive, PO BOX 13398 FULL NAME RESIDENCE & CITY STATE OR FOREIGN COUNTRY GENERAL RESIDENCE & CITY SIGNATURE ADDRESS GIASOS MITHKIINE FIVE MOORE DRIVE, PO BOX 13398 FULL NAME GENERAL RESIDENCE & CITY STATE A GIP CODECOUNTRY COUNTRY OF CITIZENSHIP FORT OFFICE ADDRESS GIANOSMITHKIINE FIVE MOORE DRIVE, PO BOX 13398 FULL NAME FIVE MOORE DRIVE, PO BOX 13398 FULL NAME FIVE MOORE DRIVE, PO BOX 13398 FULL NAME				
CITIZENSHIP POST OFFICE ADDRESS GIAVOSMITHKIINE FIVE MOORE Drive, PO BOX 13398 FULL NAME FOR INVENTOR'S SIGNATURE RESUBENCE & CITY SIGNATURE FULL NAME FOR INVENTOR'S SIGNATURE FULL NAME FOR INVENTOR'S SIGNATURE RESUBENCE & CITY CITZENSHIP POST OFFICE ADDRESS FULL NAME FOR INVENTOR'S SIGNATURE RESUBENCE & CITY SIGNATURE RESUBENCE & CITY SIGNATURE RESUBENCE & CITY SIGNATURE RESUBENCE & CITY SIGNATURE FIVE MOORE FULL NAME OF INVENTOR'S SIGNATURE FULL NAME OF INVENTOR'S SIGNATURE FULL NAME OF INVENTOR'S SIGNATURE ADDRESS GIAVOSMITHKIINE FIVE MOORE FULL NAME OF INVENTOR'S SIGNATURE ADDRESS GIAVOSMITHKIINE FIVE MOORE FULL NAME OF INVENTOR'S SIGNATURE ADDRESS GIAVOSMITHKIINE FIVE MOORE FULL NAME OF INVENTOR'S SIGNATURE ADDRESS GIAVOSMITHKIINE FIVE MOORE FULL NAME OF INVENTOR'S SIGNATURE ADDRESS GIAVOSMITHKIINE FIVE MOORE FULL NAME OF INVENTOR'S SIGNATURE ADDRESS GIAVOSMITHKIINE FIVE MOORE FULL NAME OF INVENTOR'S SIGNATURE ADDRESS GIAVOSMITHKIINE FIVE MOORE FULL NAME OF INVENTOR'S SIGNATURE FIVE MOORE FULL NAME OF INVENTOR'S SIGNATURE FIVE MOORE FI		CITY	I STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
POST OFFICE ADDRESS GlaxOSmithKline FIULL NAME OF RIVENTOR'S SIGNATURE FOR TOWNEY OR CREEN FULL NAME OF RIVENTOR'S SIGNATURE FOR TOWNEY OR CREEN FOR TOWNEY OR CREEN FULL NAME OF RIVENTOR'S SIGNATURE CARROLL NAME OF RIVENTOR'S SIGNATURE FIVE MOORE Drive, PO Box 13398 FULL NAME OF RIVENTOR'S SIGNATURE FIVE MOORE Drive, PO Box 13398 FULL NAME OF RIVENTOR'S SIGNATURE ADDRESS GlaxOSmithKline Five Moore Drive, PO Box 13398 FULL NAME OF RIVENTOR'S SIGNATURE ADDRESS FULL NAME OF RIVENTOR'S SIGNATURE ADDRESS FULL NAME OF RIVENTOR'S SIGNATURE SIGNATURE SIGNATURE SIGNATURE RESIDENCE & CITY SIGNATURE FIVE MOORE DRIVE, PO Box 13398 FULL NAME OF RIVENTOR'S SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE FIVE MOORE DRIVE, PO Box 13398 FULL NAME OF RIVENTOR'S SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE FIVE MOORE DRIVE, PO Box 13398 FULL NAME OF RIVENTOR'S SIGNATURE SIG		Stevenage		
FULL NAME OF INVENTORS SIGNATURE RESIDENCE & CITY SIGNATURE FOR OFFICE ADDRESS FULL NAME OF INVENTORS SIGNATURE RESIDENCE & CITY SIGNATURE RESIDENCE & CITY SIGNATURE RESIDENCE & CITY SIGNATURE FOR OFFICE ADDRESS FULL NAME OF INVENTORS SIGNATURE RESIDENCE & CITY SIGNATURE ANDRESS GRANDISS GR	POST OFFICE	POST OFFICE ADDRESS		STATE & ZIP CODE/COUNTRY
FULL NAME OF INVENTOR'S SIGNATURE RESIDENCE & CITY OSTOFFICE ADDRESS FULL NAME OF INVENTORS SIGNATURE RESIDENCE & CITY STATE ADDRESS FULL NAME OF INVENTOR SIGNATURE POST OFFICE ADDRESS FULL NAME OF INVENTOR SIGNATURE POST OFFICE ADDRESS FULL NAME OF INVENTOR SIGNATURE POST OFFICE ADDRESS FULL NAME OF INVENTOR SIGNATURE FAMILY NAME OF INVENTOR SIGNATURE CITY SIGNATURE FIVE MOORE DIVE, PO BOX 13398 FULL NAME OF INVENTOR SIGNATURE FIVE MOORE DIVE, PO BOX 13398 FULL NAME OF INVENTOR SIGNATURE CITY SIGNATURE SIGNATURE CITY SIGNATURE CITY SIGNATURE SIGNATURE CITY SIGNATURE SIGNATURE CITY SIGNATURE SIGNATURE CITY SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE CITY SIGNATURE SIGNATURE SIGNATURE CITY SIGNATURE SIGNATURE SIGNATURE SIGN	ADDRESS		Research Triangle Park	NC 27709, US
OF INVENTORS INVENTORS Separative SIGNATURE POST OFFICE ADDRESS FULL NAME OF INVENTOR'S SIGNATURE CITY SIGNATURE CITY SIGNATURE CITY SIGNATURE ADDRESS FAMILY NAME FOR INVENTOR'S SIGNATURE CITY SIGNATURE RESIDENCE & CITY SIGNATURE CITY SIGNATURE CITY SIGNATURE RESIDENCE & CITY SIGNATURE RESIDENCE & CITY SIGNATURE CITY SIGNATURE CITY SIGNATURE CITY SIGNATURE COUNTRY OF CITIZENSHIP CITY SIGNATURE SIGNATURE SIGNATURE SIGNATURE COUNTRY OF CITIZENSHIP CITY SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE COUNTRY OF CITIZENSHIP COUNTRY OF CITIZENSHIP COUNTRY OF CITIZENSHIP COUNTRY OF CITIZENSHIP COUNTRY OF				
INVENTOR'S SIGNATURE X RESIDENCE & CITIZENSHIP GB RESIDENCE & CITIZENSHIP GB RESIDENCE & CITIZENSHIP GB ROST OFFICE ADDRESS GIAXOSMIthKline Five Moore Drive, PO Box 13398 FULL NAME SIGNATURE X RESIDENCE & CITY STATE OR FOREIGN COUNTRY GENERAL STATE & 21P CODECOUNTRY NC 27709, US STATE & 21P CODECOUNTRY COUNTRY OF CHIZENSHIP GRIVE NAME SIGNATURE X RESIDENCE & CITY STATE OR FOREIGN COUNTRY GRIVEN NAME SIGNATURE X RESIDENCE & CITY STATE OR FOREIGN COUNTRY GRIVEN NAME SIGNATURE X RESIDENCE & CITY STATE OR FOREIGN COUNTRY GRIVEN NC 27709, US STATE & 21P CODECOUNTRY NC 27709, US STATE & 21P CODECOUNTRY COUNTRY GRIVEN NAME SIGNATURE X RESIDENCE & CITY STATE OR FOREIGN COUNTRY GRIVEN NC 27709, US STATE & 21P CODECOUNTRY COUNTRY GRIVEN NAME SIGNATURE X RESIDENCE & CITY STATE OR FOREIGN COUNTRY GRIVEN NAME SIGNATURE X RESIDENCE & CITY STATE OR FOREIGN COUNTRY GRIVEN NAME SIGNATURE X RESIDENCE & CITY STATE OR FOREIGN COUNTRY GRIVEN NAME SIGNATURE X RESIDENCE & CITY STATE OR FOREIGN COUNTRY GRIVEN NAME SIGNATURE X RESIDENCE & CITY STATE OR FOREIGN COUNTRY GRIVEN NAME SIGNATURE X RESIDENCE & CITY STATE OR FOREIGN COUNTRY GRIVEN NAME SIGNATURE X RESIDENCE & CITY STATE OR FOREIGN COUNTRY GRIVEN NAME SIGNATURE				
SIGNATURE RESIDENCE & CITY CITY CITY CITY CITY CITY STATE & APPONDESS CITY CANDRESS ADDRESS FULL NAME FIVE MOORE Drive, PO Box 13398 FULL NAME FILL NAME FOF INVENTOR'S SIGNATURE ADDRESS FOR OFFICE ADDRESS CITY CITY CITY STATE & APPONDESS SIGNATURE ADDRESS FOR OFFICE ADDRESS CITY STATE & APPONDESS SIGNATURE CITY STATE & APPONDESS SIGNATURE ADDRESS FOR OFFICE ADDRESS CITY STATE & APPONDESS CITY COUNTRY OF CITIZENSHIP CITY STATE & APPONDESS CITY STATE & APPONDESS CITY RESIDENCE & CITY SIGNATURE AND AND AND AND APPONDESS CITY SIGNATURE ADDRESS FOR OFFICE ADDRESS CITY SIGNATURE ADDRESS FOR OFFICE ADDRESS CITY SIGNATURE ADDRESS FOR OFFICE ADDRESS CITY SIGNATURE ADDRESS CITY COUNTRY OF CITIZENSHIP CITY STATE & APPONDESS CITY RESIDENCE & CITY STATE & APPONDESS CITY COUNTRY OF CITIZENSHIP CITY RESIDENCE & CITY STATE & APPONDESS CITY COUNTRY OF CITIZENSHIP CITY RESIDENCE & CITY STATE & APPONDESS CITY RESIDENCE & CITY STATE OF FOREIGN COUNTRY COUNTRY OF CITIZENSHIP CITY RESIDENCE & CITY STATE & APPONDESS CITY RESIDENCE & CITY STATE & APPONDESS CITY RESIDENCE & CITY STATE & APPONDESS CITY STATE & APPONDESS CITY STATE & APPONDESS CITY STATE & APPONDESS CITY COUNTRY OF CITIZENSHIP CITY RESIDENCE & CITY STATE & APPONDESS CITY RESIDENCE & CITY STATE & APPONDESS CITY COUNTRY OF CITIZENSHIP CITY RESIDENCE & CITY STATE & APPONDESS CITY COUNTRY OF CITIZENSHIP CITY STATE & APPONDECOUNTRY COUNTRY OF CITIZENSHIP CITY STATE & APPONDESS CITY COUNTRY OF CITIZENSHIP CITY C		Signature	Darren	
CTIZENSHIP POST OFFICE POST OFFICE ADDRESS ADDRESS GLAVOR FULL NAME FULL NAME FULL NAME FULL NAME FOR INVENTOR'S SIGNATURE RESIDENCE & CITY CITY CITY STATE OR FOREIGN COUNTRY SICHATURE FOR OFFICE ADDRESS GLAVOR FOR OFFICE ADDRESS GLAVOR FOR OFFICE ADDRESS GLAVOR FOR OFFICE ADDRESS GLAVOR FOR OFFICE ADDRESS FULL NAME FAMILY NAME FAMILY NAME FAMILY NAME FAMILY NAME FAMILY NAME FOR OFFICE ADDRESS GLAVOR FOR OFFICE ADDRESS FULL NAME FAMILY NAME FAMILY NAME FOR OFFICE ADDRESS GLAVOR GLAVOR GLAVOR GLAVOR FOR OFFICE ADDRESS GLAVOR SIGNATURE RESIDENCE & CITY STATE OR FOREIGN COUNTRY GLAVOR FIRST GIVEN NAME FAMILY NAME FOR OFFICE ADDRESS GLAVOR GLAVOR GLAVOR GLAVOR GLAVOR GLAVOR FAMILY NAME GLAVOR FIRST GIVEN NAME STATE A ZIP CODE/COUNTRY COUNTRY OF CITIZENSHIP FOR OFFICE ADDRESS GLAVOR				x
POST OFFICE ADDRESS GIASOMITHKIINE FIVE Moore Drive, PO BOX 13398 FULL NAME OF INVENTOR'S SIGNATURE RESIDENCE & CITY OST OFFICE ADDRESS GIASOMITHKINE FIVE MOORE DRIVE, PO BOX 13398 FULL NAME OF INVENTOR'S SIGNATURE FULL NAME OF INVENTOR'S SIGNATURE RESIDENCE & CITY SIGNATURE FULL NAME OF INVENTOR'S SIGNATURE RESIDENCE & CITY SIGNATURE RESIDENCE & CITY SIGNATURE SIGNATURE RESIDENCE & CITY SIGNATURE SIGNATURE FOST OFFICE ADDRESS GIASOMITHKINE FOST OFFICE ADDRESS GIASOMITHKINE FOST OFFICE ADDRESS FULL NAME OF INVENTOR SIGNATURE FOST OFFICE ADDRESS FULL NAME OF INVENTOR SIGNATURE FOST OFFICE ADDRESS GIASOMITHKINE FIVE Moore Drive, PO BOX 13398 FULL NAME OF INVENTOR SIGNATURE FOST OFFICE ADDRESS GIASOMITHKINE FIVE Moore Drive, PO BOX 13398 FULL NAME OF INVENTOR SIGNATURE SIGNATURE FOST OFFICE ADDRESS GIASOMITHKINE FIRST GIVEN NAME FIRST GIVEN NAME FIRST GIVEN NAME STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP				
ADDRESS GlaxoSmithKline FULL NAME FOF INVENTOR'S SIGNATURE RESIDENCE & CITY CITIZENSHIP POST OFFICE ADDRESS FAMILY NAME FAMILY NAME FOR INVENTOR'S SIGNATURE RESIDENCE & CITY CITIZENSHIP POST OFFICE ADDRESS FULL NAME FAMILY NAME FAMILY NAME FOR INVENTOR'S SIGNATURE RESIDENCE & CITY CITIZENSHIP POST OFFICE ADDRESS FULL NAME FAMILY NAME FIRST GIVEN NAME FAMILY NAME FIRST GIVEN NAME FAMILY NAME FAMILY NAME FAMILY NAME FAMILY NAME FIRST GIVEN NAME FAMILY NAME FIRST GIVEN NAME FAMILY NAME FIRST GIVEN NAME FOR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP FOST OFFICE ADDRESS GLAXOSMITHKLINE FIRST GIVEN NAME FIRST GIVEN NAME FIRST GIVEN NAME FRIST GIVEN NAME FIRST GIVEN NAME FRIST GIVEN NAME FIRST GIVEN NAME FRESIDENCE & CITY STATE A ZIP CODE/COUNTRY NC 27709, US STATE A ZIP CODE/CO		Stevenage		
FULL NAME OF INVENTORS SIGNATURE FOR MOORE DRIVE, PO BOX 13398 FULL NAME FOR INVENTORS SIGNATURE RESIDENCE & CITY CITIZENSHIP FOST OFFICE ADDRESS FULL NAME RESIDENCE & CITY STATE OR FOREIGN COUNTRY GENERAL STATE ALP CODE/COUNTRY FOR INVENTOR'S SIGNATURE RESIDENCE & CITY STATE OR FOREIGN COUNTRY GENERAL STATE ALP CODE/COUNTRY NC 27709, US STATE ALP CODE/COUNTRY NC 27709, US STATE ALP CODE/COUNTRY GENERAL STATE ALP CODE/COUNTRY OF INVENTOR'S SIGNATURE ADDRESS FULL NAME FIVE MOORE DRIVE, PO BOX 13398 FULL NAME RESIDENCE & CITY STATE OR FOREIGN COUNTRY GENERAL STATE ALP CODE/COUNTRY GENERAL STATE ALP CODE/COUNTRY OF INVENTOR'S SIGNATURE FIVE MOORE DRIVE, PO BOX 13398 FULL NAME OF INVENTOR'S SIGNATURE RESIDENCE & CITY SIGNATURE ADDRESS GIAXOSMITHKINE FIVE MOORE DRIVE, PO BOX 13398 FULL NAME OF INVENTOR'S SIGNATURE RESIDENCE & CITY CITY STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP CITY STATE ALP CODE/COUNTRY NC 27709, US STATE ALP CODE/COUNTRY RESIDENCE & CITY COUNTRY OF CITIZENSHIP CITY STATE ALP CODE/COUNTRY RESIDENCE & CITY STATE ALP CODE/COUNTRY RESIDENCE & CITY RESIDENCE & CITY RESIDENCE & CITY STATE ALP CODE/COUNTRY RESCOND GIVEN NAME/INITIA MASON AND		•		
FULL NAME OF INVENTOR'S SIGNATURE RESIDENCE & CITY FOR MOORE DIVEN PO BOX 13398 FULL NAME OF INVENTOR'S SIGNATURE FULL NAME OF INVENTOR'S SIGNATURE RESIDENCE & CITY STATE & ZIP CODECOUNTRY COUNTRY OF CITIZENSHIP OST OFFICE OST OFFICE ADDRESS CITY RESIDENCE & CITY STATE & ZIP CODECOUNTRY COUNTRY OF CITIZENSHIP OST OFFICE OF OST OFFICE ADDRESS CITY STATE & ZIP CODECOUNTRY NC 27709, US FULL NAME OF INVENTOR'S SIGNATURE FIVE MOORE DRIVE, PO BOX 13398 FULL NAME OF INVENTOR'S SIGNATURE FIVE MOORE DRIVE, PO BOX 13398 FULL NAME OF INVENTOR'S SIGNATURE FIVE MOORE DRIVE, PO BOX 13398 FULL NAME OF INVENTOR'S SIGNATURE FIVE MOORE DRIVE, PO BOX 13398 FULL NAME OF INVENTOR'S SIGNATURE FIVE MOORE DRIVE, PO BOX 13398 FULL NAME OF INVENTOR'S SIGNATURE FIVE MOORE DRIVE, PO BOX 13398 FULL NAME OF INVENTOR'S SIGNATURE FIVE MOORE DRIVE, PO BOX 13398 FULL NAME OF INVENTOR'S SIGNATURE CITY STATE & ZIP CODECOUNTRY OF INVENTOR'S SIGNATURE CITY STATE & ZIP CODECOUNTRY OF INVENTOR'S SIGNATURE CITY COUNTRY OF CITIZENSHIP OF INVENTOR'S SIGNATURE FULL NAME OF INVENTOR'S SIGNATURE CITY COUNTRY OF CITIZENSHIP OF INVENTOR'S SIGNATURE FULL NAME OF INVENTOR'S SIGNA	ADDICESS		Research Thangle Lark	110 21103, 03
INVENTOR'S SIGNATURE X RESIDENCE & CITY STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP POST OFFICE ADDRESS CITY Research Triangle Park FIVE Moore Drive, PO Box 13398 FULL NAME OF INVENTOR'S SIGNATURE X CITIZENSHIP POST OFFICE ADDRESS CITY STATE & ZIP CODE/COUNTRY SIGNATURE X CITIZENSHIP POST OFFICE ADDRESS CITY STATE & ZIP CODE/COUNTRY SIGNATURE X CITIZENSHIP POST OFFICE ADDRESS CITY STATE & ZIP CODE/COUNTRY SIGNATURE X CITIZENSHIP POST OFFICE ADDRESS CITY SIGNATURE X FULL NAME OF INVENTOR SIGNATURE X FOULTH NAME FAMILY NAME FIVE MOORE DRIVE, PO Box 13398 FULL NAME OF INVENTOR SIGNATURE X FOULTH NAME OF INVENTOR SIGNATURE X FOULTH NAME FOR FOREIGN COUNTRY STATE & ZIP CODE/COUNTRY OF CITIZENSHIP POST OFFICE ADDRESS CITY STATE & ZIP CODE/COUNTRY OF CITIZENSHIP POST OFFICE ADDRESS CITY STATE & ZIP CODE/COUNTRY OF CITIZENSHIP POST OFFICE ADDRESS CITY STATE & ZIP CODE/COUNTRY OF CITIZENSHIP POST OFFICE ADDRESS CITY STATE & ZIP CODE/COUNTRY OF CITIZENSHIP POST OFFICE ADDRESS CITY STATE & ZIP CODE/COUNTRY OF CITIZENSHIP POST OFFICE ADDRESS CITY STATE & ZIP CODE/COUNTRY OF CITIZENSHIP POST OFFICE ADDRESS CITY STATE & ZIP CODE/COUNTRY OF CITIZENSHIP POST OFFICE ADDRESS CITY STATE & ZIP CODE/COUNTRY OF CITIZENSHIP POST OFFICE ADDRESS CITY STATE & ZIP CODE/COUNTRY OF CITIZENSHIP POST OFFICE POST OFFICE ADDRESS CITY STATE & ZIP CODE/COUNTRY OF CITIZENSHIP POST OFFICE POST OFFICE ADDRESS CITY STATE & ZIP CODE/COUNTRY OF CITIZENSHIP POST OFFICE POST OFFICE ADDRESS CITY STATE & ZIP CODE/COUNTRY RESEARCH Triangle Park NC 27709, US FULL NAME OF INVENTOR SIGNATURE STATE & ZIP CODE/COUNTRY RESEARCH TRIANGLE PARK NC 27709, US FULL NAME OF INVENTOR SIGNATURE STATE & ZIP CODE/COUNTRY RESEARCH TRIANGLE PARK NC 27709, US FULL NAME OF INVENTOR SIGNATURE STATE & ZIP CODE/COUNTRY RESEARCH TRIANGLE PARK NC 27709, US FULL NAME OF INVENTOR SIGNATURE SIG	FULL NAME		FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
RESIDENCE & CITY COUNTRY OF CITIZENSHIP POST OFFICE ADDRESS FIVE Moore Drive, PO Box 13398 FULL NAME RESIDENCE & CITY STATE OR FOREIGN COUNTRY RESIDENCE & CITY RESIDENCE & CITY STATE OR FOREIGN COUNTRY RESIDENCE & CITY RES	OF INVENTOR		Stuart	
RESIDENCE & CITY ADDRESS FULL NAME OF INVENTORS SIGNATURE RESIDENCE & CITY STATE OR FOREIGN COUNTRY GB				
CITIZENSHIP POST OFFICE ADDRESS GLAXOSMIthKline FIVE Moore Drive, PO Box 13398 FIRST GIVEN NAME FOR OFFICE ADDRESS FIVE Moore Drive, PO Box 13398 FIRST GIVEN NAME FOR OFFICE ADDRESS GLAXOSMITHKLINE FIVE Moore Drive, PO Box 13398 FIRST GIVEN NAME FOR OFFICE ADDRESS GLAXOSMITHKLINE FIVE MOORE DRIVE, PO Box 13398 FULL NAME FOR TOWNENTOR FIVE MOORE DRIVE, PO Box 13398 FULL NAME FOR OFFICE ADDRESS GLAXOSMITHKLINE FOR OFFICE ADDRESS GLAXOSMITHKLINE FIVE MOORE DRIVE, PO Box 13398 FULL NAME FOR INVENTOR'S SIGNATURE RESIDENCE & CITY STATE & ZIP CODECOUNTRY GROWNERS SIGNATURE FAMILY NAME FOR INVENTOR'S SIGNATURE FOR OFFICE ADDRESS GLAXOSMITHKLINE GLAXOSMITHKLINE FIVE MOORE DRIVE, PO Box 13398 FULL NAME FOR OFFICE ADDRESS GLAXOSMITHKLINE GLAXOSMITHKLINE FOR OFFICE ADDRESS GLAXOSMITHKLINE FIVE MOORE DRIVE, PO Box 13398 FULL NAME FOR OFFICE ADDRESS GLAXOSMITHKLINE GLAXOSMITHKLINE FIVE MOORE DRIVE, PO Box 13398 FIRST GIVEN NAME GLAXOSMITHKLINE GLAXOSMITHKLINE FIVE MOORE DRIVE, PO Box 13398 FIRST GIVEN NAME ADDRESS FULL NAME FOR OFFICE ADDRESS GLAXOSMITHKLINE FIVE MOORE DRIVE, PO Box 13398 FIRST GIVEN NAME ANDRESS FIRST GIVEN NAME ANDRESS FIRST GIVEN NAME FRESIDENCE & CITY STATE & ZIP CODECOUNTRY COUNTRY OF CHIZENSHIP CRIP CRIP CRIP CRIP CRIP CRIP CRIP CR			STATE OF FOREIGN COMMEN	
POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398 FULL NAME OF INVENTOR'S SIGNATURE RESIDENCE & CITY FIVE Moore Drive, PO Box 13398 FULL NAME OF INVENTOR'S SIGNATURE FIVE Moore Drive, PO Box 13398 FULL NAME OF INVENTOR'S SIGNATURE FIVE Moore Drive, PO Box 13398 FULL NAME OF INVENTOR'S SIGNATURE FIVE Moore Drive, PO Box 13398 FULL NAME OF INVENTOR'S SIGNATURE FIVE MOORE Drive, PO Box 13398 FULL NAME OF INVENTOR'S SIGNATURE ADDRESS FULL NAME OF INVENTOR'S SIGNATURE ADDRESS FOR MOORE DRIVE, PO Box 13398 FULL NAME OF INVENTOR'S SIGNATURE ADDRESS FULL NAME OF INVENTOR'S SIGNATURE FIVE MOORE DRIVE, PO Box 13398 FULL NAME OF INVENTOR'S SIGNATURE FIVE MOORE DRIVE, PO Box 13398 FULL NAME OF INVENTOR'S SIGNATURE FIVE MOORE DRIVE, PO Box 13398 FULL NAME OF INVENTOR'S SIGNATURE ADDRESS SIGNATURE FIVE MOORE DRIVE, PO Box 13398 FULL NAME OF INVENTOR'S SIGNATURE ADDRESS SIGNATURE ADDRESS GLAXOSMITHKLINE FIVE MOORE DRIVE, PO Box 13398 FULL NAME OF INVENTOR'S SIGNATURE ADDRESS SIGNATURE ADDRESS SIGNATURE SIGNATURE ADDRESS SIGNATURE ADDRESS SIGNATURE S				
FULL NAME OF INVENTOR'S SIGNATURE ADDRESS FULL NAME FIVE Moore Drive, PO Box 13398 FULL NAME OF INVENTOR'S SIGNATURE ADDRESS FOR MAILY NAME OF INVENTOR'S SIGNATURE ADDRESS FULL NAME OF INVENTOR'S SIGNATURE FIVE MOORE DRIVE, PO Box 13398 FULL NAME OF INVENTOR'S SIGNATURE ADDRESS FIVE MOORE DRIVE, PO Box 13398 FULL NAME OF INVENTOR'S SIGNATURE ADDRESS FIVE MOORE DRIVE, PO Box 13398 FULL NAME OF INVENTOR'S ADDRESS FOR MAILY NAME ADDRESS FOR MAILY NAME FIRST GIVEN NAME OF INVENTOR'S SIGNATURE ADDRESS FOR MAILY NAME FIRST GIVEN NAME SECOND GIVEN NAME/INITIA NC 27709, US STATE & ZIP CODE/COUNTRY RESIDENCE & CITY STATE & ZIP CODE/COUNTRY COUNTRY OF CITIZENSHIP FOR OF OFFICE ADDRESS CITY RESIDENCE & CITY STATE & ZIP CODE/COUNTRY COUNTRY OF CITIZENSHIP RESIDENCE & CITY RESIDENCE & CITY RESIDENCE & CITY RESIDENCE & CITY STATE & ZIP CODE/COUNTRY RESIDENCE & CITY RESIDENCE & CITY STATE & ZIP CODE/COUNTRY RESIDENCE & CITY RESIDENCE & CITY STATE & ZIP CODE/COUNTRY ADDRESS SIGNATURE FIRST GIVEN NAME FIRST GIVEN NAME FIRST GIVEN NAME AND		POST OFFICE ADDRESS		STATE & ZIP CODE/COUNTRY
FULL NAME OF INVENTOR SIGNATURE RESIDENCE & CITY ADDRESS GRACURE ADDRESS FIVE Moore Drive, PO Box 13398 FULL NAME CFINVENTOR'S SIGNATURE RESIDENCE & CITY ADDRESS GRACURE ADDRESS GRACURE ADDRESS FIVE MOORE DRIVE, PO BOX 13398 FULL NAME CFINVENTOR'S SIGNATURE ADDRESS GRACURE CITY STATE OR FOREIGN COUNTRY GRACULT AND COUNTRY OF CITIZENSHIP COUNTRY OF CITIZENSHIP COUNTRY OF CITIZENSHIP RESIDENCE & CITY STATE A ZIP CODECCUNTRY RESCRICT Triangle Park CITIZENSHIP POST OFFICE ADDRESS GRACURE ADDRESS GRACURE FIVE MOORE DRIVE, PO BOX 13398 FULL NAME FIVE MOORE DRIVE FI	ADDRESS		Research Triangle Park	NC 27709, US
OF INVENTOR INVENTOR'S SIGNATURE RESIDENCE & CITY RESIDENCE & CITY ADDRESS FULL NAME OF INVENTOR SIGNATURE RESIDENCE & CITY ADDRESS FULL NAME OF INVENTOR SIGNATURE RESIDENCE & CITY ADDRESS FULL NAME OF INVENTOR SIGNATURE RESIDENCE & CITY RESEARCH SIGNATURE RESIDENCE & CITY ADDRESS FULL NAME OF INVENTOR SIGNATURE FIVE MOOTE Drive, PO Box 13398 FULL NAME OF INVENTOR SIGNATURE FIVE MOOTE DRIVE, PO Box 13398 FULL NAME OF INVENTOR SIGNATURE FIVE MOOTE DRIVE, PO Box 13398 FULL NAME OF INVENTOR SIGNATURE ADDRESS FULL NAME OF INVENTOR SIGNATURE ASSON AND				
INVENTOR'S SIGNATURE RESIDENCE & CITY RESIDENCE & CITY POST OFFICE ADDRESS FULL NAME FIVE Moore Drive, PO Box 13398 FULL NAME FOR OF INVENTOR'S SIGNATURE FOST OFFICE ADDRESS GLAVOSMITHKIING FAMILY NAME FIVE MOORE DRIVE, PO BOX 13398 FIRST GIVEN NAME Steven British FAMILY NAME FIVE MOORE DRIVE, PO BOX 13398 FIRST GIVEN NAME STATE & ZIP CODECOUNTRY RESIDENCE & CITY STATE OR FOREIGN COUNTRY GB GB GB GB CITY STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP Date X STATE & ZIP CODECOUNTRY COUNTRY OF CITIZENSHIP Date X STATE A ZIP CODECOUNTRY GB GB GB CITY Research Triangle Park FIRST GIVEN NAME FIRST GIVEN NAME FIVE MOORE DRIVE, PO BOX 13398 FULL NAME FIRST GIVEN NAME AND MCMUrtrie SECOND GIVEN NAME/INITIA MCMUrtrie SECOND GIVEN NAME/INITIA MCMUrtrie STATE A ZIP CODECCUNTRY NC 27709, US STATE OR FOREIGN COUNTRY GB GB STATE A ZIP CODECCUNTRY NC 27709, US STATE OR FOREIGN COUNTRY GB STATE A ZIP CODECCUNTRY NC 27709, US STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP COUNTRY OF CITIZENSHIP FIVE MOORE DRIVE, PO BOX 13398 FRESTIDENCE & CITY Research Triangle Park FIRST GIVEN NAME FIRST GIVEN NAME FIRST GIVEN NAME FIRST GIVEN NAME NC 27709, US STATE A ZIP CODECCUNTRY NC 27709, US				SECOND GIVEN NAME/INITIAL
RESIDENCE & CITY STATE OR FOREIGN COUNTRY GOUNTRY OF CITIZENSHIP CITIZENSHIP Stevenage GB GB GB POST OFFICE ADDRESS GIAXOSMITHKline Five Moore Drive, PO Box 13398 FULL NAME OF INVENTOR INVENTOR'S SIGNATURE SIGNATURE STATE & ZIP CODECOUNTRY OF CITIZENSHIP COUNTRY OF CITIZEN			Torquil	
RESIDENCE & CITY Stevenage GB GB POST OFFICE ADDRESS ADDRESS FULL NAME OF INVENTOR'S SIGNATURE RESIDENCE & CITY Stevenage POST OFFICE ADDRESS GIVEN MOORE Drive, PO Box 13398 FULL NAME OF INVENTOR'S SIGNATURE RESIDENCE & CITY STATE & 2IP CODECOUNTRY NC 27709, US FULL NAME OF INVENTOR'S SIGNATURE RESIDENCE & CITY STATE & 2IP CODECOUNTRY NC 27709, US FULL NAME OF INVENTOR'S SIGNATURE RESIDENCE & CITY STATE & CITY STA				
POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398 FULL NAME OF INVENTOR'S SIGNATURE RESIDENCE & CITY ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398 FULL NAME OF INVENTOR'S SIGNATURE RESIDENCE & CITY ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398 FULL NAME OF INVENTOR'S SIGNATURE FULL NAME OF INVENTOR'S SIGNATURE FULL NAME OF INVENTOR INVENTOR'S SIGNATURE FOST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398 FULL NAME OF INVENTOR Signature X STATE OR FOREIGN COUNTRY Research Triangle Park NC 27709, US FIRST GIVEN NAME ANDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398 FULL NAME OF INVENTOR'S SIGNATURE RESIDENCE & CITY STATE OR FOREIGN COUNTRY ANDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398 FULL NAME OF INVENTOR Stevenage GB			STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
FULL NAME OF INVENTOR FIVE Moore Drive, PO Box 13398 FULL NAME OF INVENTOR'S SIGNATURE FAMILY NAME OF INVENTOR'S SIGNATURE ADDRESS FIVE Moore Drive, PO Box 13398 FULL NAME OF INVENTOR'S SIGNATURE FAMILY NAME OF INVENTOR'S SIGNATURE FAMILY NAME OF INVENTOR'S SIGNATURE ADDRESS FIVE Moore Drive, PO Box 13398 FULL NAME OF INVENTOR SIGNATURE ADDRESS FIVE MORE STATE OR FOREIGN COUNTRY ACTIVE MASON AND		Stevenage		
FULL NAME OF INVENTOR'S SIGNATURE POST OFFICE ADDRESS GINATURE FULL NAME FIVE Moore Drive, PO Box 13398 FULL NAME FOR INVENTOR'S SIGNATURE FOR INVENTOR'S ADDRESS FULL NAME OF INVENTOR SIGNATURE FIVE Moore Drive, PO Box 13398 FULL NAME OF INVENTOR'S SIGNATURE FIVE Moore Drive, PO Box 13398 FULL NAME FIVE Moore Drive, PO Box 13398 FULL NAME OF INVENTOR'S SIGNATURE ADDRESS FIVE MOORE DRIVE POBOX 13398 FULL NAME OF INVENTOR'S SIGNATURE ADDRESS FIVE MOORE DRIVE POBOX 13398 FULL NAME OF INVENTOR'S SIGNATURE ADDRESS FIVE MOORE DRIVE POBOX 13398 FULL NAME OF INVENTOR'S SIGNATURE ADDRESS FIVE MOORE DRIVE POBOX 13398 FULL NAME OF INVENTOR'S SIGNATURE ADDRESS FIVE MOORE DRIVE POBOX 13398 FULL NAME OF INVENTOR'S SIGNATURE ADDRESS FIVE MOORE DRIVE POBOX 13398 FULL NAME OF INVENTOR'S SIGNATURE ADDRESS SIGNATURE SIGNATURE ADDRESS GIAXOSMITHKINE FIVE MOORE DRIVE POBOX 13398 FULL NAME OF INVENTOR'S SIGNATURE ADDRESS SIGNATURE SIGNATURE ADDRESS GIAXOSMITHKINE SECOND GIVEN NAME ANDREISNITIA FIRST GIVEN NAME SECOND GIVEN NAME/INITIA NC 27709, US STATE & ZIP CODE/COUNTRY ANDRE SECOND GIVEN NAME/INITIA DATE X COUNTRY OF CITIZENSHIP COUN				
FULL NAME OF INVENTOR'S SIGNATURE RESIDENCE & CITIZENSHIP POST OFFICE ADDRESS FULL NAME OF INVENTOR'S SIGNATURE RESIDENCE & CITIZENSHIP OF INVENTOR FIVE Moore Drive, PO Box 13398 FULL NAME RESIDENCE & CITIZENSHIP OF INVENTOR'S SIGNATURE RESIDENCE & CITIZENSHIP OF INVENTOR'S SIGNATURE RESIDENCE & CITIZENSHIP OF INVENTOR'S SIGNATURE RESIDENCE & CITIZENSHIP SIGNATURE RESIDENCE & CITIZENSHIP SIGNATURE FULL NAME ADDRESS FULL NAME RESIDENCE & CITIZENSHIP SIGNATURE FULL NAME ADDRESS FULL NAME ADDRESS FULL NAME ADDRESS FULL NAME RESIDENCE & CITIZENSHIP SIGNATURE FIVE Moore Drive, PO Box 13398 FULL NAME ADDRESS FIVE MOORE SIGNATURE FIVE MOORE SIGNATURE FIVE MOORE DRIVE, PO Box 13398 FULL NAME FIVE MOORE SIGNATURE FIVE MOORE DRIVE, PO Box 13398 FULL NAME FIVE OR THE ADDRESS GLAVOR SIGNATURE RESIDENCE & CITY SIGNATURE RESIDENCE & CITY SIGNATURE RESIDENCE & CITY STATE & ZIP CODE/COUNTRY COUNTRY OF CITIZENSHIP COU	ADDRESS		Research Triangle Park	NC 27/09, US
OF INVENTOR'S SIGNATURE NESIDENCE & CITY CITIZENSHIP POST OFFICE ADDRESS FULL NAME OF INVENTOR'S SIGNATURE RESIDENCE & CITY ADDRESS FULL NAME OF INVENTOR'S SIGNATURE RESIDENCE & CITY STATE & ZIP CODE/COUNTRY RESIDENCE & CITY ADDRESS FULL NAME OF INVENTOR'S SIGNATURE RESIDENCE & CITY STATE & ZIP CODE/COUNTRY NC 27709, US FULL NAME OF INVENTOR'S SIGNATURE RESIDENCE & CITY STATE OR FOREIGN COUNTRY GB	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
INVENTOR'S SIGNATURE RESIDENCE & CITY Stevenage POST OFFICE ADDRESS FIVE Moore Drive, PO Box 13398 FULL NAME OF INVENTOR'S SIGNATURE RESIDENCE & CITY For MASON RESEARCH Triangle Park FIRST GIVEN NAME Andrew MASON RESIDENCE & CITY STATE & ZIP CODE/COUNTRY NC 27709, US FIRST GIVEN NAME ANDRESS SIGNATURE RESIDENCE & CITY STATE OF FOREIGN COUNTRY COUNTRY OF CITIZENSHIP COUNTRY STATE & ZIP CODE/COUNTRY NC 27709, US FULL NAME FIVE Moore Drive, PO Box 13398 FULL NAME OF INVENTOR INVENTOR'S SIGNATURE RESIDENCE & CITY MORRISS INVENTOR'S SIGNATURE RESIDENCE & CITY STATE OF FOREIGN COUNTRY X SECOND GIVEN NAME/INITIA X SECOND GIVEN NAME/INITIA X Date X RESIDENCE & CITY STATE OF FOREIGN COUNTRY COUNTRY OF CITIZENSHIP COUNTRY COUNTRY OF CITIZENSHIP COUNTRY OF CITIZENSHIP COUNTRY OF CIT		KEELING		
RESIDENCE & CITY CITIZENSHIP POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398 FULL NAME OF INVENTOR'S SIGNATURE RESIDENCE & CITY FULL NAME ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398 FULL NAME OF INVENTOR'S SIGNATURE RESIDENCE & CITY STATE & ZIP CODE/COUNTRY NC 27709, US SECOND GIVEN NAME/INITIA MASON Andrew SECOND GIVEN NAME/INITIA MCMurtrie Date X STATE & CITY COUNTRY OF CITIZENSHIP GB GB COUNTRY OF CITIZENSHIP NC 27709, US STATE & ZIP CODE/COUNTRY NC 27709, US FULL NAME FIVE Moore Drive, PO Box 13398 FULL NAME OF INVENTOR INVENTOR'S SIGNATURE RESIDENCE & CITY SIGNATURE X SECOND GIVEN NAME/INITIA NC 27709, US SECOND GIVEN NAME/INITIA NC 27709, US SECOND GIVEN NAME/INITIA NC 27709, US SECOND GIVEN NAME/INITIA X SECOND GIVEN NAM				Date
CITIZENSHIP POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398 FULL NAME OF INVENTOR'S SIGNATURE RESIDENCE & CITY RESIDENCE & CITY RESIDENCE & CITY RESEARCH Triangle Park NC 27709, US FIRST GIVEN NAME Andrew MCMurtrie Date X STATE & ZIP CODE/COUNTRY NC 27709, US SIGNATURE FAMILY NAME Andrew MCMurtrie Date X STATE OR FOREIGN COUNTRY GB GB FULL NAME OF INVENTOR'S GlaxoSmithKline Five Moore Drive, PO Box 13398 FULL NAME OF INVENTOR'S SIGNATURE FAMILY NAME OF INVENTOR MORRISS SIGNATURE RESIDENCE & CITY Research Triangle Park NC 27709, US STATE & ZIP CODE/COUNTRY COUNTRY OF CITIZENSHIP CB GB POST OFFICE ADDRESS GB CITY STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP CB GB STATE & ZIP CODE/COUNTRY COUNTRY OF CITIZENSHIP CB CB STATE & ZIP CODE/COUNTRY COUNTRY OF CITIZENSHIP CB CB STATE & ZIP CODE/COUNTRY COUNTRY OF CITIZENSHIP CB CB CITY Research Triangle Park NC 27709, US			I con an on popular actions	<u>"</u>
POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398 FULL NAME OF INVENTOR INVENTOR'S SIGNATURE RESIDENCE & CITY State A ZIP CODE/COUNTRY MASON Andrew FIRST GIVEN NAME Andrew FIRST GIVEN NAME Andrew SECOND GIVEN NAME/INITIA MCMurtrie Date X COUNTRY OF CITIZENSHIP GB GB GB FOST OFFICE ADDRESS GIAxoSmithKline Five Moore Drive, PO Box 13398 FULL NAME OF INVENTOR BY SIGNATURE FAMILY NAME OF INVENTOR FAMILY NAME OF INVENTOR INVENTOR'S SIGNATURE RESIDENCE & CITY MORRISS SIGNATURE FAMILY NAME OF INVENTOR SIGNATURE FAMILY NAME OF INVENTOR SIGNATURE RESIDENCE & CITY STATE & ZIP CODE/COUNTRY NC 27709, US FULL NAME OF INVENTOR MORRISS SIGNATURE FIRST GIVEN NAME Karen Date X COUNTRY OF CITIZENSHIP COUNTRY COUNTRY OF CITIZENSHIP COUNTRY SECOND GIVEN NAME/INITIA X Date X COUNTRY OF CITIZENSHIP COUNTRY COUNTRY OF CITIZENSHIP COUNTRY NC 27709, US				
FIVE Moore Drive, PO Box 13398 FULL NAME OF INVENTOR INVENTOR'S SIGNATURE RESIDENCE & CITY CITIZENSHIP ADDRESS FAMILY NAME MASON Andrew FAMILY NAME MASON Andrew McMurtrie Date X COUNTRY OF CITIZENSHIP GB GB GB GB FOST OFFICE ADDRESS FULL NAME OF INVENTOR OF INVENTOR OF INVENTOR INVENTOR'S SIGNATURE FAMILY NAME MORRISS FIRST GIVEN NAME FRESIDENCE & CITY Research Triangle Park FIRST GIVEN NAME Karen FIRST GIVEN NAME MORRISS FIRST GIVEN NAME Karen Date X RESIDENCE & CITY STATE & ZIP CODE/COUNTRY NC 27709, US FIRST GIVEN NAME Karen Date X CITIZENSHIP RESIDENCE & CITY STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP GB GB POST OFFICE ADDRESS GIAxOSmithKline Research Triangle Park CITIY Research Triangle Park NC 27709, US		POST OFFICE ADDRESS		STATE & ZIP CODE/COUNTRY
FIVE Moore Drive, PO Box 13398 FULL NAME OF INVENTOR MASON Andrew MCMurtrie INVENTOR'S SIGNATURE RESIDENCE & CITY CITIZENSHIP ADDRESS FULL NAME OF INVENTOR Stevenage POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398 FULL NAME OF INVENTOR'S SIGNATURE FAMILY NAME FAMILY NAME MORRISS FIRST GIVEN NAME FIRST GIVEN NAME FIRST GIVEN NAME FIRST GIVEN NAME Karen FIRST GIVEN NAME MORRISS FIRST GIVEN NAME FIRST GIVEN NAME Karen Date X RESIDENCE & CITY STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP ACCURTAGE OF TOTAL COUNTRY COUNTRY OF CITIZENSHIP COUNTRY OF CITIZENSHIP SECOND GIVEN NAME MORRISS FIRST GIVEN NAME FIRST GIVEN NAME KAREN Date X CITIY STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP GB GB POST OFFICE ADDRESS GlaxoSmithKline Research Triangle Park NC 27709, US		GlaxoSmithKline		
OF INVENTOR INVENTOR'S SIGNATURE RESIDENCE & CITY Stevenage POST OFFICE ADDRESS FULL NAME OF INVENTOR INVENTOR'S SIGNATURE FAMILY NAME OF INVENTOR RESIDENCE & CITY Stevenage FOR FOREIGN COUNTRY GB				
INVENTOR'S SIGNATURE RESIDENCE & CITY CITIZENSHIP POST OFFICE ADDRESS FULL NAME OF INVENTOR SIgnature X STATE OR FOREIGN COUNTRY GB GB CITY State QB CITY Research Triangle Park Five Moore Drive, PO Box 13398 FULL NAME OF INVENTOR INVENTOR Signature X SECOND GIVEN NAME Karen Date X Date X Date X CUTY STATE Q ZIP CODE/COUNTRY NC 27709, US FIRST GIVEN NAME Karen Date X CITY STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP CITIZENSHIP CITIZENSHIP Stevenage GB CITY STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP GB GB CITY STATE Q ZIP CODE/COUNTRY COUNTRY OF CITIZENSHIP CITIZENSHIP CITIZENSHIP STATE Q ZIP CODE/COUNTRY COUNTRY OF CITIZENSHIP CITIZENSHIP CITY ADDRESS CITY Research Triangle Park NC 27709, US				SECOND GIVEN NAME/INITIAL
RESIDENCE & CITY CITIZENSHIP POST OFFICE ADDRESS FULL NAME OF INVENTOR'S SIGNATURE RESIDENCE & CITY Stevenage FULL NAME OF INVENTOR'S SIGNATURE RESIDENCE & CITY STATE OR FOREIGN COUNTRY GB GB STATE & ZIP CODE/COUNTRY NC 27709, US FIRST GIVEN NAME Karen FIRST GIVEN NAME Karen Date X SECOND GIVEN NAME/INITIA Date X RESIDENCE & CITY RESIDENCE & CITY STATE OR FOREIGN COUNTRY CITIZENSHIP OF INVENTOR'S SIGNATURE RESIDENCE & CITY STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP GB GB OCUNTRY OF CITIZENSHIP COUNTRY OF CITIZENSHIP GB CITY RESEARCH Triangle Park NC 27709, US			Andrew	
RESIDENCE & CITY Stevenage POST OFFICE ADDRESS FULL NAME OF INVENTOR'S SIGNATURE RESIDENCE & CITY Stevenage POST OFFICE ADDRESS FULL NAME OF INVENTOR'S RESIDENCE & CITY SIGNATURE RESIDENCE & CITY STATE OR FOREIGN COUNTRY GB STATE & ZIP CODE/COUNTRY NC 27709, US FIRST GIVEN NAME Karen SECOND GIVEN NAME/INITIA COUNTRY OF CITIZENSHIP Date X CITY STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP GB POST OFFICE ADDRESS GlaxoSmithKline RESIDENCE & CITY STATE & ZIP CODE/COUNTRY NC 27709, US				
POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398 FULL NAME OF INVENTOR INVENTOR'S SIGNATURE RESIDENCE & CITY STATE & ZIP CODE/COUNTRY NC 27709, US FIRST GIVEN NAME Karen Date X STATE & ZIP CODE/COUNTRY NC 27709, US SECOND GIVEN NAME/INITIA COUNTRY OF CITIZENSHIP GB POST OFFICE ADDRESS GlaxoSmithKline Research Triangle Park SECOND GIVEN NAME/INITIA COUNTRY OF CITIZENSHIP GB POST OFFICE ADDRESS GlaxoSmithKline Research Triangle Park NC 27709, US		СІТУ	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398 FULL NAME OF INVENTOR INVENTOR'S SIGNATURE RESIDENCE & CITY Stevenage POST OFFICE ADDRESS GlaxoSmithKline Research Triangle Park Research Triangle Park NC 27709, US SECOND GIVEN NAME/INITIA COUNTRY OF CITIZENSHIP GB GB STATE & ZIP CODE/COUNTRY NC 27709, US	CITIZENSHIP			
FIVE Moore Drive, PO Box 13398 FULL NAME OF INVENTOR INVENTOR'S SIGNATURE RESIDENCE & CITY CITIZENSHIP POST OFFICE ADDRESS FIRST GIVEN NAME FAMILY NAME FAMILY NAME FRIST GIVEN NAME Karen SECOND GIVEN NAME/INITIA COUNTRY OF CITIZENSHIP GB GB STATE & ZIP CODE/COUNTRY NC 27709, US				STATE & ZIP CODE/COUNTRY
FULL NAME OF INVENTOR MORRISS INVENTOR'S SIGNATURE RESIDENCE & CITY CITIZENSHIP POST OFFICE ADDRESS GlaxoSmithKline FIRST GIVEN NAME FIRST GIVEN NAME SECOND GIVEN NAME/INITIA STATE OR FOREIGN COUNTRY CITY CITY STATE OR FOREIGN COUNTRY CITY STATE & ZIP CODE/COUNTRY Research Triangle Park NC 27709, US	ADDRESS		Research Triangle Park	NC 27709, US
OF INVENTOR INVENTOR'S SIGNATURE RESIDENCE & CITY CITIZENSHIP POST OFFICE ADDRESS GlaxoSmithKline Karen Date X COUNTRY OF CITIZENSHIP GB GB GB STATE OR FOREIGN COUNTRY GOUNTRY OF CITIZENSHIP GB GB STATE & ZIP CODE/COUNTRY NC 27709, US	EIII NAME		FIRST CIVEN NAME	SECOND CIVEN NAME (INITIAL
INVENTOR'S SIGNATURE RESIDENCE & CITY CITIZENSHIP POST OFFICE ADDRESS GlaxoSmithKline Signature X STATE OR FOREIGN COUNTRY GB GB GB COUNTRY OF CITIZENSHIP GB COUNTRY OF CITIZENSHIP COUNTRY OF CITIZENSHIP GB GB STATE & ZIP CODE/COUNTRY NC 27709, US				SECOND GIVEN NAMEDINITIAL
RESIDENCE & CITY STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP CITIZENSHIP Stevenage GB POST OFFICE ADDRESS CITY STATE & ZIP CODE/COUNTRY ADDRESS GlaxoSmithKline Research Triangle Park NC 27709, US		Signature		
CITIZENSHIP Stevenage GB GB POST OFFICE ADDRESS CITY STATE & ZIP CODE/COUNTRY ADDRESS GlaxoSmithKline Research Triangle Park NC 27709, US				
POST OFFICE ADDRESS CITY STATE & ZIP CODE/COUNTRY NC 27709, US				
ADDRESS GlaxoSmithKline Research Triangle Park NC 27709, US				
]				
				1.0 27705, 00
l i		,		